



**HNE Be Healthy Addendum to the HNE Provider Manual**

Effective October 1, 2013

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**This HNE Be Healthy MassHealth Addendum amends and supplements your HNE Provider Manual. If any terms or conditions in this HNE Be Healthy MassHealth Addendum conflict with the Provider Manual, this HNE Be Healthy MassHealth Addendum shall govern with respect to HNE Be Healthy Members. All capitalized terms not otherwise defined in this HNE Be Healthy MassHealth Addendum shall have those meanings given to them in the HNE Provider Manual.**

## **MassHealth Member Rights**

### **Payment**

Providers must look solely to HNE for payment for HNE Be Healthy Covered Services rendered to Members. Providers may not:

- Seek or accept payment from any Member for any HNE Be Healthy Covered Service rendered
- Have any claim against or seek payment from the Massachusetts Executive Office of Health and Human Services (EOHHS) for any HNE Be Healthy Covered Service rendered to a Member
- Maintain any action at law or equity against any Member or EOHHS to collect any sums that are owed by HNE under the Agreement for any reason, even in the event that HNE fails to pay for or becomes insolvent or otherwise breaches the terms and conditions of the Agreement. (The term “Agreement” means your provider agreement with HNE, and all amendments, including the HNE BE Healthy provider amendment.)
- Bill Members for missed appointments or refuse to provide services to Members who have missed appointments. Provider agrees to work with Members and HNE to assist Members in keeping their appointments.
- Bill Members for charges for HNE Be Healthy or Non-HNE Be Healthy Covered Services other than applicable co-payments.

These requirements shall survive the termination of the Agreement for services rendered prior to the termination of the Agreement, regardless of the cause of the termination.

### **Access Standards**

Any person designated by HNE as an HNE Be Healthy Member shall be permitted to receive services from Provider without regard to physical or mental condition, age, sex, religion, creed, race, color, handicap, national origin, ancestry, marital status, sexual orientation, veteran’s status, or ultimate payor for services. Provider shall not deny services to a Member by reason of that Member’s past, current, or expected health status. When scheduling appointments for HNE Be Healthy Members, Providers must meet the access standards described in the table below.

*Type of Service*

*Access Standards*

**Medical Care**

*Emergency Services*

Immediately, twenty-four (24) hours a day, seven (7) days a week, at an Emergency Room or other healthcare Provider of Emergency Services.

*Urgent Care*

Within forty-eight (48) hours of the Member's request.

*Primary Care*

Non-urgent, symptomatic care must be available within ten (10) calendar days of the Member's request.

Routine, non-symptomatic care must be available within forty-five (45) calendar days of the Member's request.

*Specialty Medical Care*

Non-urgent, symptomatic care must be available within thirty (30) days of the Member's request for an appointment.

Routine, non-symptomatic care must be available within sixty (60) calendar days of the Member's request for an appointment.

**Behavioral Healthcare**

*Emergency Care*

Immediately, twenty-four (24) hours a day, seven (7) days a week from an Emergency Room, Emergency Services Program (ESP) Provider or other healthcare Provider of Emergency Services.

*Urgent Care*

Within forty-eight (48) hours of the Member's request.

*Non-urgent, symptomatic and non-symptomatic*

Within ten (10) business days of the Member's request.

*Upon discharge, Members who are in an Inpatient or 24-hour Diversionary Service*

Non-24-hour diversionary services must be available within two (2) calendar days.

Medication management must be available within fourteen (14) calendar days.

Other outpatient services must be available within seven (7) calendar days.

*Type of Service*

*Access Standards*

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Intensive Care Coordination (ICC) services must be available within 24 hours of Referral, including Self-Referral offering a face-to-face interview with the family.

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

*Children in the Care or Custody of DCF*

A healthcare screening must be available within seven (7) calendar days after the Member or the DCF worker asks for it.

A full medical exam must be available within thirty (30) calendar days after the Member or the DCF worker asks for it (unless a shorter time is required by the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services schedule).

In addition to complying with these standards, the Provider must not:

- Close or otherwise limit their acceptance of Members as patients unless the same limitations apply to all commercially insured Members.
- Refuse to provide services to a Member because the Member has an outstanding debt with the Provider from a time prior to the Member becoming a MassHealth beneficiary.

**Enrollment Verification**

Provider always must check verification of enrollment from Eligibility Verification System (EVS).

**Medically Necessary Services**

Providers must provide HNE Be Healthy Members with Medically Necessary Covered Services in a manner consistent with professionally recognized standards of healthcare. Please refer to the “Benefit Information” section of this Addendum.

In certain situations, minors under the law may consent to medical procedures without parental consent.

**Notification of Birth and Coverage of Newborns**

It is the Hospital’s responsibility to submit the Notification of Birth (NOB) form for all births to Members to EOHHS’s MassHealth Enrollment Center within 30 calendar days of the newborn’s date of birth.

HNE will allow Covered Services, and all other services required to be provided to HNE Be Healthy Members, to all newborns of Members beginning with the date of birth of the newborn, provided that the newborn's mother is a Member of HNE Be Healthy on the newborn's date of birth. HNE will cover these services when provided by in-plan HNE Be Healthy providers and when provided by out-of-network providers prior to notification by EOHHS of retroactive enrollment of the newborn. In addition, HNE will cover services provided, even if prior authorization was not obtained, or if claims were filed outside of the claims filing limits, if the service was provided prior to notification by EOHHS of retroactive enrollment of the newborn.

### **Member Grievance/Appeals (HNE and MBHP)**

HNE Be Healthy Members, or their Appeal Representatives, have the right to file a grievance and/or an appeal as follows:

- Grievance – any expression of dissatisfaction by a Member or a Member's Appeal Representative about any action or inaction by HNE or MBHP, HNE's behavioral health subcontractor, other than an Adverse Action. Possible subjects for Grievances include, but are not limited to, quality of care or services provided; aspects of interpersonal relationships such as rudeness of a Provider or employee of HNE or MBHP; dissatisfaction with the HNE Be Healthy's or MBHP's decision to extend the decision timeframe for an authorization or an appeal resolution or not to honor a request for an expedited appeal; or failure to respect the Member's rights. HNE is responsible for processing any and all Grievances, including behavioral health grievances.
- Appeal – a request by a Member or the Member's Appeal Representative made to HNE or MBHP for review of an Adverse Action. HNE will process all non-behavioral health appeals. MBHP will process all behavioral health appeals.
- Adverse Action – any one of the following actions or inactions by HNE or MBHP:
  - 1) Failure to provide MCO Covered Services in a timely manner in accordance with the accessibility standards
  - 2) Denial or limited authorization of a requested service, including the determination that a requested service is not an MCO Covered Service
  - 3) Reduction, suspension, or termination of a previous authorization by HNE or MBHP for a service
  - 4) Denial, in whole or in part, of payment for a service, where coverage of the requested service is at issue, provided that procedural denials for requested services do not constitute Adverse Actions, including but not limited to denials based on the following:
    - a. Failure to follow prior authorization procedures
    - b. Failure to follow referral rules
    - c. Failure to file a timely claim
  - 5) Failure to act within the timeframes for making authorization decisions; and
  - 6) Failure to act within the timeframes for reviewing an Internal Appeal and issuing a decision.

Providers may act as an Appeal Representative for a clinical appeal and may request a peer-to-peer discussion with HNE's or MBHP's Medical Director involved in the internal appeal. A copy of the HNE Be Healthy Grievances and Appeals process is available on HNE Direct at [www.hnedirect.com](http://www.hnedirect.com), or you may request a copy by calling HNE Provider Relations at 413.233.3313. To request a copy of the MBHP Appeals process, you can contact MBHP at 1.800.495.0086 or go to [masspartnership.com](http://masspartnership.com).

### **Member Privacy Matters**

- Providers must maintain records and other information with respect to Members in an accurate and timely manner; ensure timely access by Members to the records and information that pertain to them; and safeguard the privacy of any information that identifies a particular Member. Information from, or copies of, records may be released only to authorized individuals. Providers must ensure that unauthorized individuals cannot gain access to or alter patient records. Original medical records must be released only in accordance with federal and state laws, court orders, or subpoenas, and only to the extent permitted by applicable law.

- Providers and HNE each must preserve all administrative and medical books, records, and data that are required to be maintained by EOHHS and other regulatory agencies and pursuant to the Agreement for a period of ten (10) years or as otherwise specified in the applicable Participating Provider Manual (or longer if required by law) from the date of final payment under the Agreement for services rendered. During the term of the Agreement, subject to the applicable laws and regulations governing the confidentiality of medical information and records, access to these items shall be provided at HNE or at the Provider's office in Massachusetts at reasonable times. If any litigation, claim, negotiation, audit, or other action has been started before the expiration of the applicable retention period, all records shall be retained until the later of completion of the action and resolution of all issues that arise from it or the end of the retention period.
- Providers must abide by all federal and state laws regarding confidentiality and disclosure for mental health records, medical records, other health information, and patient information. A copy of HNE's privacy practices is available on HNE Direct at [www.hnedirect.com](http://www.hnedirect.com), or you may request a copy by calling HNE Provider Relations at 1.413.233.3313.

### **Provider responsibilities for assisting Members with limited English proficiency**

Providers must be responsive to the linguistic, cultural, ethnic, and other unique needs of Members of minority groups, homeless individuals, disabled individuals, and other special populations. To the extent that such capacity exists, Provider shall comply with obligations under state and federal law to assist Members with skilled medical interpreters and assist Members who are deaf or hearing-impaired with interpreter services.

### **Advance Directives**

HNE complies with requirements relating to the maintenance of written policies and procedures regarding Advance Directives. HNE provides adult Members with written information about Advance Directives policies, including a description of applicable state law. The information must reflect changes in state law as soon as possible, but no later than 90 days after the effective date of the change.

HNE has the authority to audit the presence of Advance Directives in the Member's medical record(s).

## **Benefit Information**

The HNE Be Healthy Covered Services Lists, which includes a list of covered benefits, administrative requirements, limitations, and Member financial responsibility are located on the next several pages. They also are available at [hne.com/masshealth](http://hne.com/masshealth), or you may request a copy by calling HNE Provider Relations at 1.413.233.3313. You also may contact MBHP for behavioral health information at 1-800-495-0086 or go to [masspartnership.com](http://masspartnership.com).

### **Early and Periodic Screening, Diagnosis and Treatment (ESPDT) and Preventive Pediatric Health-care Screening and Diagnosis (PPHSD) Services**

#### **Early and Periodic Screening, Diagnosis and Treatment (ESPDT) Services**

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, the PCP will perform 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. PCP's are required to offer administration of behavioral health screenings. If you need assistance with correct billing procedures, please contact your HNE Provider Representative. MassHealth pays PCPs for these checkups. At well-child checkups, PCPs can find and treat small problems before they become big ones. In addition to regular checkups, children also should visit their PCP any time there is a concern about their medical or behavioral health, even if it is not time for a regular checkup. Children under the age of 21 also are entitled to get regular visits with a dental provider.

If a child is under age 21 and is enrolled in MassHealth Standard or CommonHealth, HNE Be Healthy will pay for all Medically Necessary Services that are covered by federal Medicaid law, even if the services are not in the Covered Services list. This coverage includes healthcare, diagnostic services, treatment, and other measures needed to correct or improve defects and physical and Behavioral Health illnesses and conditions. This treatment must be delivered by a Provider who is qualified and willing to provide the service and if a physician, nurse practitioner, or nurse midwife puts in writing that the service is Medically Necessary. HNE Be Healthy can assist with identifying Providers in the HNE Be Healthy Network who offer these services and how to use Out-of-Network Providers if necessary.

Most of the time, these services are covered by the child's MassHealth coverage and are included on the Covered Services list. If the service is not covered, or is not on the list, the clinician or Provider who will be delivering the service can ask HNE Be Healthy for Prior Authorization. HNE Be Healthy uses this process to determine if the service is Medically Necessary. HNE Be Healthy will pay for the service if Prior Authorization is given.

If Prior Authorization is denied, the Member or the Member's Appeal Representative has a right to file an Appeal.

### **Preventive Pediatric Health-care Screening and Diagnosis (PPHSD) Services for Children Enrolled in Family Assistance, or Care Plus Plans**

If a child is under 21 years old and is enrolled in Family Assistance, or Care Plus, and if a Provider or any clinician discovers a health condition, HNE Be Healthy will pay for all Medically Necessary Services covered under the Member's coverage type related to treatment of the health condition.

### **The HNE Be Healthy Care Management (CM) Program**

The HNE Be Healthy Care Management program consists of four distinct program categories that provide services for our Members. The four program categories are:

#### **Case Management**

Case Management is a program available to Members who are dealing with a new or ongoing medical or behavioral health condition. These Members are offered the services of a nurse case manager and/or social worker. The nurse case manager or social worker will work with the Member and the PCP and other health care providers to make the best plan of care and help the Member reach his/her healthcare goals.

## **Complex Care Management**

Complex Care Management is a program available to Members with hard to manage, unstable and/or long lasting medical conditions such as, but not limited to:

- Cancer with active treatment or advanced colon, lung, or prostate cancer
- Acute neurological disorders
- Congenital anomalies
- Gastrointestinal disorders
- Infectious disorders
- Multiple trauma
- Pediatric disorders
- Severe endocrine disorders
- Spinal cord injury
- Traumatic brain injury

These Members could be helped by working with a team of people, such as nurse practitioners, advanced practice registered nurses, social workers and health educators. What is special about the team is that they may visit the Members in their home or community. They work with each Member, the PCP and specialty Providers to get the right care to the Member wherever it is needed – in the home, at the provider’s office, at the hospital, or in a school. The Complex Care Management team educates Members about managing their health condition, arranging for care, services and equipment, and obtaining services for medical, social and financial needs. Participation in the program is voluntary. The team works together with the Member to develop an individualized care plan with long and short term goals to find the best plan of care and help Members meet their healthcare needs and goals.

## **Wellness and Disease Management**

Wellness and Disease Management are two separate yet complementary programs. Our health and wellness program services are available to all our Members. HNE Be Healthy educators understand how difficult certain conditions are to manage. Our Disease Case Management program offers targeted case management support for the following conditions: asthma, diabetes, heart disease and high risk pregnancy. Our nurse case managers will work with the Member on a one on one basis to provide education and support working to help prevent worsening of his/her individual condition.

## **Intensive Clinical Management (ICM)**

Intensive Clinical Management is an MBHP program, offered to HNE Be Healthy Members. It is designed to ensure the coordination and optimization of care through collaboration with the Member and the treating Provider. The program involves assessment, care planning, discharge planning and mobilization of resources to HNE Be Healthy Members who are dealing with Behavioral Health or psychosocial conditions, sometimes along with medical concerns. ICM is a voluntary, generally short-term program designed to be flexible in nature and to meet the individual needs of the Members. The case manager actively collaborates with the Member and the Member’s healthcare team to advocate for and assist with linkage to necessary supports and services and facilitate coordination with family and other involved parties. An individualized care plan is developed with input from, and agreement by, the Member and the Member’s healthcare team. ICM is offered by licensed clinicians, who provide services through telephonic communication with the Members and care Providers. Referrals can be made to CM by utilizing the Care Management Referral Form located on [hne.com/masshealth](http://hne.com/masshealth), in the Provider section, or, for additional information, call MBHP at 1.800.495.0086 or go to [masspartnership.com](http://masspartnership.com). You can reach a licensed clinical care manager 24 hours a day, seven days a week, 365 days a year.

## Covered Services Lists

### Covered services list for HNE Be Healthy Members with MassHealth Standard or CommonHealth Coverage

This is a list of all covered services and benefits for MassHealth Standard and CommonHealth members enrolled in HNE Be Healthy<sup>1</sup>. The list also indicates if a prior authorization is required by HNE Be Healthy and/or if a referral by your Primary Care Provider (PCP) is necessary. Please note that it is HNE Be Healthy’s responsibility to coordinate all covered services listed below. It is your responsibility to always carry your HNE Be Healthy and your MassHealth identification cards and show them to your provider at all appointments.

You can call HNE Member Services at 413.788.0123 for more information about services and benefits. Please see the telephone number and hours of operation for HNE Member Services at the bottom of every page of this covered services list.

- For questions about medical health services, please call 1.800.786.9999, extension 2500 or TTY: 800.439.2370 for people with partial or total hearing loss. See below for hours of operation.
- For questions about behavioral-health services, please call 1.800.459.0086 or TTY: 1.617.790.4130 for people with partial or total hearing loss.
- For more information about pharmacy services .go to HNE Be Healthy’s drug list at [www.HNE.com](http://www.HNE.com) or call HNE Member Services at 1.413.788.0123 or TTY: 1.800.439.2370 for people with partial or total hearing loss.
- For questions about dental services, please call DentaQuest Customer Service at 1.800.207.5019 or TTY at 1.800.466.7566 or Translation Line at 1.800.207.5019. Hours: 8am to 6pm.

“Yes” in either the “Authorization Required for Some or All of the Services?” or the “Primary Care Physician (PCP) Referral Required for Some or All of the Services?” column means that prior authorization, or a PCP referral (or both) is required for some or all of the services in the category. There is more information about authorizations and PCP referrals in your Member Handbook.

Please keep in mind that services and benefits change from time to time. This Covered Services List is for your general information only. Please call HNE Be Healthy for the most up to date information. MassHealth regulations control the services and benefits available to you. To access MassHealth regulations:

- Go to MassHealth’s Web site [www.mass.gov/masshealth](http://www.mass.gov/masshealth); or
- Call MassHealth Customer Service at 1.800.841.2900 (TTY: 1.800.497.4648 for people with partial or total hearing loss) Monday through Friday from 8:00 AM – 5:00 PM.

MassHealth Standard & CommonHealth Covered Services for HNE Be Healthy Member	Authorization Required for Some or All of the Services? Yes/No?	Primary Care Provider (PCP) Referral Required for Some or All of the Services? Yes/No?
Emergency Services – Medical and Behavioral Health		

<sup>1</sup> Members enrolled in MassHealth through either the Breast and Cervical Cancer Waiver or the HIV Waiver are eligible for the covered services under the Standard/CommonHealth benefit plan.

HNE Services can be reached at 1.413.788.0123 between the hours of 8:00 a.m. and 5:00 p.m., Monday through Friday.

HNE Member Services at: 413.788.0123 or 800.786.9999 (TTY: 800.439.2370) Monday – Friday from 8 a.m. to 5 p.m.

<b>MassHealth Standard &amp; CommonHealth Covered Services for HNE Be Healthy Member</b>	<b>Authorization Required for Some or All of the Services? Yes/No?</b>	<b>Primary Care Provider (PCP) Referral Required for Some or All of the Services? Yes/No?</b>
<b>Emergency Transportation Services</b> – ambulance (air and land) transport that generally is not scheduled, but is needed on an Emergency basis, including Specialty Care Transport that is an ambulance transport of a critically injured or ill Enrollee from one facility to another, requiring care beyond the scope of a paramedic.	No	No
<b>Emergency Inpatient and Outpatient Services</b>	No	No
<b>Medical Services</b>		
<b>Abortion Services</b>	No	No
<b>Acupuncture Treatment</b> For pain relief or anesthesia.	Yes	No
<b>Acute Inpatient Hospital Services</b> For MassHealth Members age 21 years of age and older, this benefit is limited to acute hospital inpatient services of up to 20 days per admission, excluding Administratively Necessary Days and stays in a Department of Mental Health (DMH)-licensed acute psychiatric unit within a Department of Public Health (DPH)-licensed acute hospital, freestanding psychiatric hospitals, or in a rehabilitation unit within a DPH-licensed acute hospital.	Yes	No
<b>Adult Day Health Services</b> Center based services offered by adult day health providers may include: <ul style="list-style-type: none"> <li>• nursing services and health oversight</li> <li>• therapy</li> <li>• assistance with activities of daily living</li> <li>• nutritional and dietary services</li> <li>• counseling activities</li> <li>• care management</li> <li>• transportation</li> </ul>	Yes	No
<b>Adult Foster Care Services</b> Residential based services offered by adult foster care providers may include: <ul style="list-style-type: none"> <li>• assistance with activities of daily living, instrumental activities of daily living and personal care</li> <li>• care management</li> <li>• nursing services and oversight</li> </ul>	Yes	No
<b>Ambulatory Surgery Services</b> - outpatient, surgical, related diagnostic and medical and dental services	Yes	No
<b>Audiologist (Hearing) Services</b>	No	No

MassHealth Standard & CommonHealth Covered Services for HNE Be Healthy Member	Authorization Required for Some or All of the Services? Yes/No?	Primary Care Provider (PCP) Referral Required for Some or All of the Services? Yes/No?
<b>Chiropractic Services</b>	No	No
<b>Community Health Center Services</b> For example: <ul style="list-style-type: none"> <li>• office visits for primary care and specialists</li> <li>• OB/GYN and prenatal care</li> <li>• pediatric services, including EPSDT</li> <li>• health education</li> <li>• medical social services</li> <li>• nutrition services, including diabetes self-management training and medical nutrition therapy</li> <li>• tobacco cessation services</li> <li>• fluoride varnish to prevent tooth decay in children and teens</li> <li>• vaccines/immunization (HEP A and B)</li> <li>• diabetes self-management training</li> </ul>	No	No
<b>Day Habilitation Services</b> Center based services for members with mental retardation or developmental disabilities offered by day habilitation providers may include: <ul style="list-style-type: none"> <li>• nursing services and health care supervision</li> <li>• developmental skills training</li> <li>• therapy services</li> <li>• assistance with activities of daily living</li> </ul>	No	No
<b>Dental Services</b> <ul style="list-style-type: none"> <li>• Emergency related dental care</li> <li>• Oral surgery performed in an outpatient hospital or ambulatory surgery setting which is medically necessary to treat an underlying medical condition</li> <li>• Preventive and basic services for the prevention and control of dental diseases and the maintenance of oral health for children and adults.</li> </ul>	Yes	No
<b>Dialysis Services</b>	No	No
<b>Durable Medical Equipment -</b> Including but not limited to the purchase or rental of medical equipment, replacement parts, and repair for such items	Yes	No
<b>Early Intervention Services</b>	No	No

<b>MassHealth Standard &amp; CommonHealth Covered Services for HNE Be Healthy Member</b>	<b>Authorization Required for Some or All of the Services? Yes/No?</b>	<b>Primary Care Provider (PCP) Referral Required for Some or All of the Services? Yes/No?</b>
<b>Family Planning Services<sup>2</sup></b>	No	No
<b>Group Adult Foster Care Services</b> Services provided by group adult foster care providers are offered in a group supported housing environment and may include: <ul style="list-style-type: none"> <li>• assistance with activities of daily living, instrumental activities of daily living and personal care</li> <li>• care management</li> <li>• nursing services and oversight</li> </ul>	Yes	No
<b>Hearing Aid Services</b>	Yes	No
<b>Home Health Services</b>	Yes	No
<b>Hospice Services<sup>3</sup></b>	Yes	No
<b>Infertility</b> Diagnosis of infertility and treatment of underlying medical condition.	No	No
<b>Intensive Early Intervention Services</b> Provided to eligible children under three years of age who have a diagnosis of autism spectrum disorder.	No	No
<b>Laboratory Services</b> All services necessary for the diagnosis, treatment and prevention of disease, and for the maintenance of health.	Yes	No
<b>Orthotic Services</b> Braces (non-dental) and other mechanical or molded devices to support or correct any defect of form or function of the human body. For individuals over age 21, certain limitations apply.	Yes	No
<b>Outpatient Hospital Services</b> Services provided at an outpatient hospital, for example: <ul style="list-style-type: none"> <li>• outpatient surgical and related diagnostic, medical and dental services</li> <li>• office visits for primary care and specialists</li> <li>• OB/GYN and prenatal care</li> <li>• therapy services (physical, occupational and speech)</li> <li>• diabetes self-management training</li> </ul>	Yes	No

<sup>2</sup> An HNE Be Healthy member may obtain family planning services at any MassHealth family planning services provider, even if it is outside of HNE Be Healthy's provider network.

<sup>3</sup> An HNE Be Healthy member can get hospice care from HNE Be Healthy or MassHealth. If you choose to receive hospice care from MassHealth you will be disenrolled from HNE Be Healthy and receive all of your health care services from MassHealth.

<b>MassHealth Standard &amp; CommonHealth Covered Services for HNE Be Healthy Member</b>	<b>Authorization Required for Some or All of the Services? Yes/No?</b>	<b>Primary Care Provider (PCP) Referral Required for Some or All of the Services? Yes/No?</b>
<ul style="list-style-type: none"> <li>• medical nutritional therapy</li> <li>• tobacco cessation services</li> <li>• fluoride varnish to prevent tooth decay in children and teens</li> </ul>		
<b>Oxygen &amp; Respiratory Therapy Equipment</b>	No	No
<b>Personal Care Attendant</b> Services to assist members with activities of daily living and instrumental activities of daily living, for example: <ul style="list-style-type: none"> <li>• bathing</li> <li>• feeding</li> <li>• dressing</li> <li>• medication management</li> </ul>	Yes	No
<b>Physician (primary and specialty), Nurse Practitioners acting as Primary Care Providers, and Nurse Midwife Services</b> <b>For example:</b> <ul style="list-style-type: none"> <li>• office visits for primary care and specialists</li> <li>• OB/GYN and prenatal care</li> <li>• diabetes self-management training</li> <li>• medical nutritional therapy</li> <li>• tobacco cessation services</li> <li>• fluoride varnish to prevent tooth decay in children and teens</li> </ul>	No	No
<b>Podiatrist Services (Foot Care)</b>	Yes	No
<b>Private Duty Nursing/Continuous Skilled Nursing</b> A nursing visit of more than two continuous hours of nursing services. This service can be provided by either a home health agency or Independent Nurse.	Yes	No
<b>Prosthetic Services</b>	Yes	No
<b>Radiology and Diagnostic Services</b> <b>For example:</b> <ul style="list-style-type: none"> <li>• X-Rays</li> <li>• magnetic resonance imagery (MRI) and other imaging studies</li> <li>• radiation oncology services performed at radiation oncology centers (ROCs) which are independent of an acute outpatient hospital or physician service.</li> </ul>	Yes	No
<b>Skilled Nursing Facility, Chronic Disease and Rehabilitation Hospital Services</b> <sup>4</sup>	Yes	No

<sup>4</sup> HNE Be Healthy covers up to 100 days of a combination of Skilled Nursing, Chronic Disease and Rehabilitation

<b>MassHealth Standard &amp; CommonHealth Covered Services for HNE Be Healthy Member</b>	<b>Authorization Required for Some or All of the Services? Yes/No?</b>	<b>Primary Care Provider (PCP) Referral Required for Some or All of the Services? Yes/No?</b>
<b>Therapy Services</b> <b>For example:</b> <ul style="list-style-type: none"> <li>occupational therapy</li> <li>physical therapy</li> <li>speech/language therapy</li> </ul>	Yes	No
<b>Transportation Services (Non-Emergency)</b> <ul style="list-style-type: none"> <li>Non-emergency transportation by land ambulance, chair car, taxi, and common carriers that generally are pre-arranged to transport an Enrollee to and from covered medical care in Massachusetts or within 50 miles or less of the Massachusetts border</li> <li>Non-emergent to out-of-state location – ambulance and other common carriers that generally are pre-arranged to transport an Enrollee to a service that is located outside a 50-mile radius of the Massachusetts border</li> </ul>	Yes	No
<b>Vision Care</b> <b>For example:</b> <ul style="list-style-type: none"> <li>comprehensive eye exams once every year for enrollees under 21 and once every 24 months for enrollees 21 and over, and whenever medically necessary;</li> <li>vision training;</li> <li>ocular prosthesis; contacts, when medically necessary, as a medical treatment for a medical condition such as keratoconus;</li> <li>bandage lenses;</li> <li>Prescription and dispensing of ophthalmic materials, including eye glasses and other visual aids, excluding contacts</li> </ul>	Yes	No
<b>Wigs – as prescribed by a physician related to a medical condition</b>	Yes	No
<b>Pharmacy Services</b> <b>See co-payment information at the end of this document.</b>		
Prescription Medicines	Yes	No
Over-the-Counter Medicines	Yes	No
<b>Behavioral Health (Mental Health and Substance Abuse) Services</b>		
<b>Non-24 Hour Diversionary Services:</b>	Yes	No

Hospital Services in a Contract Year. If you need Skilled Nursing, Chronic Disease and Rehabilitation Hospital Services beyond the 100 days provided by your health plan, you will be disenrolled from HNE Be Healthy and receive such services from MassHealth on a fee-for-service basis. Call HNE Be Healthy or MassHealth Customer Service for more information.

MassHealth Standard & CommonHealth Covered Services for HNE Be Healthy Member	Authorization Required for Some or All of the Services? Yes/No?	Primary Care Provider (PCP) Referral Required for Some or All of the Services? Yes/No?
<ul style="list-style-type: none"> <li>▪ community support programs</li> <li>▪ partial hospitalization</li> <li>▪ structured outpatient addiction program (SOAP)</li> <li>▪ intensive outpatient program (IOP)</li> <li>▪ psychiatric day treatment</li> </ul>		
<p><b>24 Hour Diversionary Services:</b></p> <ul style="list-style-type: none"> <li>▪ crisis stabilization unit</li> <li>▪ community-based acute treatment for children and adolescents (CBAT)</li> <li>▪ acute treatment services for substance abuse (Level III.7)</li> <li>▪ enhanced acute treatment services for substance abuse</li> <li>▪ clinical support services – substance abuse (Level III.5)</li> <li>▪ transitional care unit</li> </ul>	Yes	No
<p><b>Emergency Services Program (ESP) Services:</b></p> <ul style="list-style-type: none"> <li>▪ crisis assessment, intervention, and stabilization</li> <li>▪ mobile crisis intervention for children under 21</li> <li>▪ medication evaluation</li> <li>▪ specialing - a one-to-one monitoring service</li> </ul>	Yes	No
<p><b>Inpatient Services:</b></p> <ul style="list-style-type: none"> <li>▪ Inpatient mental health services</li> <li>▪ Inpatient substance abuse services (Level IV)</li> </ul>	Yes	No
<p><b>Outpatient Services, such as:</b></p> <ul style="list-style-type: none"> <li>▪ individual, group, and family counseling</li> <li>▪ medication visits</li> <li>▪ family and case consultations</li> <li>▪ collateral contacts for children under age 21</li> <li>▪ diagnostic evaluations</li> <li>▪ psychological testing or special education psychological testing</li> <li>▪ narcotic-treatment services (including acupuncture)</li> <li>▪ electro-convulsive therapy</li> </ul>	Yes	No
<p><b>Intensive Home or Community Based Outpatient Services for Youth:</b></p> <ul style="list-style-type: none"> <li>▪ intensive care coordination (ICC)</li> <li>▪ family support and training</li> <li>▪ in-home therapy services</li> <li>▪ in-home behavioral services</li> <li>▪ therapeutic mentoring services</li> </ul>	Yes	No

MassHealth Standard & CommonHealth Covered Services for HNE Be Healthy Member	Authorization Required for Some or All of the Services? Yes/No?	Primary Care Provider (PCP) Referral Required for Some or All of the Services? Yes/No?
<b>Enrollees under age 21 Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services.</b>		
<p><b>Screening Services</b>  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, the PCP will perform 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. MassHealth pays PCPs for these checkups. At well-child checkups, PCPs can find and treat small problems before they become big ones. More information about the schedule for checkups is in your Member Handbook under “Additional services for children.” In addition to regular checkups, children should also visit their PCP any time there is a concern about their medical or behavioral health, even if it is not time for a regular checkup. Children under age 21 are also entitled to get regular visits with a dental provider.</p>	No	No
<p><b>Diagnosis and Treatment Services</b>  HNE Be Healthy pays for all medically necessary services that are covered by federal Medicaid law, even if the services are not provided by HNE Be Healthy. 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, HNE Be Healthy will pay for any medically necessary treatment covered under Medicaid law if it is delivered by a provider who is qualified and willing to provide the service and an HNE Be Healthy-enrolled physician, nurse practitioner, or nurse midwife supports, in writing, the medical necessity of the service. You and your PCP can seek assistance from HNE Be Healthy to determine what providers may be available in the 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 as a covered service elsewhere in this list. If the service is not already covered or is not listed elsewhere on this list, the clinician or provider who will deliver the service can ask HNE Be Healthy for prior authorization for the service. HNE Be Healthy uses this process to determine if the service is medically necessary. HNE Be Healthy will pay for the service if prior authorization is given. If prior authorization is denied, you have the right to appeal. More information about appeals is in your Member Handbook under “Appeals and grievances.” Talk to your child’s PCP, behavioral-health provider, or other specialist for help in getting these services.</p>	Yes	No

**Copayments:**

Most members who are age 21 and older must pay the following pharmacy copayments:

- \$1 for certain covered generic medicines mainly used for diabetes, high blood pressure, and high cholesterol. These medicines are called antihyperglycemics (such as metformin), antihypertensives (such as lisinopril), and antilyperlipidemics (such as simvastatin)
- \$3.65 for certain over-the-counter (OTC) medicines for which you have a prescription from the doctor
- \$3.65 for both first-time prescriptions and refills for certain covered generic and OTC medicines
- \$3.65 for both first time prescriptions and refills of covered brand-name medicines

**Members who do NOT have pharmacy copayments:**

These members do not have any copayments:

- Members under age 21
- Pregnant women, or women whose pregnancy ended less than 60 days ago (you must tell the pharmacist about your pregnancy)
- Members who are in hospice care
- American Indian or Alaska Native who is currently receiving or has ever received an item or service furnished by the Indian Health Service, an Indian Tribe, a tribal organization, or an urban Indian organization, or through referral, in accordance with federal law
- Members who are receiving inpatient care in an acute hospital, nursing facility, chronic disease hospital, rehabilitation hospital, or intermediate-care facility for the developmentally delayed.

In addition, members do not have to pay copayments for family planning supplies (birth control).

**Co-payment Cap**

Unless you don't need to pay a co-payment as described above, MassHealth members ages 21 and older have a co-payment cap (limit) on the co-payments pharmacies can charge each calendar year. The cap is the total amount of co-payments pharmacies have charged you, not what you paid. Call HNE Member Services for more information.

**Excluded Services**

Except as otherwise noted or determined Medically Necessary, the following services are not covered under MassHealth and as such are not covered by HNE Be Healthy.

1. Cosmetic surgery, except as determined by HNE Be Healthy to be necessary for:
  - a. Correction or repair of damage following an injury or illness
  - b. Mammoplasty following a mastectomy
  - c. Any other medical necessity as determined by HNE Be Healthy

All such services determined by HNE Be Healthy to be Medically Necessary shall constitute an MCO Covered Service under the Contract.

2. Treatment for infertility, including but not limited to in-vitro fertilization and gamete intrafallopian tube (GIFT) procedures.
3. Experimental treatment
4. Personal comfort items including air conditioners, radios, telephones, and televisions
5. A service or supply which is not provided by or at the direction of a Network Provider, except for:
  - a. Emergency Services as defined in Section 1 of this Contract
  - b. Family Planning Services
  - c. Non-covered laboratory services

Call HNE Member Services at **1.413.788.0123** (TTY: 1.800.439.2370 for people with partial or total hearing loss) for more information about copayment exceptions. HNE Be Healthy will coordinate your MassHealth covered services.

## Covered Services list for HNE Be Healthy Members with MassHealth CarePlus Coverage

This is a list of all covered services and benefits for MassHealth CarePlus members enrolled in HNE Be Healthy. The list also indicates if a prior authorization is required by HNE Be Healthy and/or if a referral by your Primary Care Provider (PCP) is necessary. Please note that it is HNE Be Healthy’s responsibility to coordinate all covered services listed below. It is your responsibility to always carry your HNE Be Healthy and your MassHealth identification cards and show them to your provider at all appointments.

You can call HNE Member Services at 413.788.0123 for more information about services and benefits. Please see the telephone number and hours of operation for HNE Be Healthy Customer Service at the bottom of every page of this covered services list.

- For questions about medical health services, please call HNE Be Healthy at 1.800.786.9999, extension 2500 or TTY: 800.439.2370 for people with partial or total hearing loss. See below for hours of operation.
- For questions about behavioral-health services, please call 1.800.495.0086 or TTY: 617.790.4130 for people with partial or total hearing loss.
- For more information about pharmacy services .go to HNE Be Healthy’s drug list at www.HNE.com or call HNE Member Services at 1.413.788.0123 or TTY: 1.800.439.2370 for people with partial or total hearing loss.
- For questions about dental services, please call DentaQuest Customer Service at 1.800.207.5019 or TTY at 1-800.466.7566 or Translation Line at 1.800.207.5019. Hours: 8am to 6pm.

“Yes” in either the “Authorization Required for Some or All of the Services?” or the “Primary Care Physician (PCP) Referral Required for Some or All of the Services?” column means that prior authorization, or a PCP referral (or both) is required for some or all of the services in the category. There is more information about authorizations and PCP referrals in your Member Handbook.

Please keep in mind that services and benefits change from time to time. This Covered Services List is for your general information only. Please call HNE Be Healthy for the most up to date information. MassHealth regulations control the services and benefits available to you. To access MassHealth regulations:

- Go to MassHealth’s Web site [www.mass.gov/masshealth](http://www.mass.gov/masshealth); or
- Call MassHealth Customer Service at 1.800.841.2900 (TTY: 1.800.497.4648 for people with partial or total hearing loss) Monday through Friday from 8:00 AM – 5:00 PM.

MassHealth CarePlus Covered Services for HNE Be Healthy Members	Authorization Required for Some or All of the Services? Yes/No?	Primary Care Provider (PCP) Referral Required for Some or All of the Services? Yes/No?
<b>Emergency Services – Medical and Behavioral Health</b>		
<b>Emergency Transportation Services</b> – ambulance (air and land) transport that generally is not scheduled, but is needed on an Emergency basis, including Specialty Care Transport that is an ambulance transport of a critically injured or ill Enrollee from one facility to another, requiring care beyond the scope of a paramedic.	No	No
<b>Emergency Inpatient and Outpatient Services</b>	No	No
<b>Medical Services</b>		
<b>Abortion Services</b>	No	No

MassHealth CarePlus Covered Services for HNE Be Healthy Members	Authorization Required for Some or All of the Services? Yes/No?	Primary Care Provider (PCP) Referral Required for Some or All of the Services? Yes/No?
<b>Acupuncture Treatment</b> For pain relief or anesthesia.	Yes	No
<b>Acute Inpatient Hospital Services</b> This benefit is limited to acute hospital inpatient services of up to 20 days per admission, excluding Administratively Necessary Days and stays in a Department of Mental Health (DMH)-licensed acute psychiatric unit within a Department of Public Health (DPH)-licensed acute hospital, freestanding psychiatric hospitals, or in a rehabilitation unit within a DPH-licensed acute hospital.	Yes	No
<b>Ambulatory Surgery Services</b> - outpatient surgical, related diagnostic and medical and dental services	Yes	No
<b>Audiologist (Hearing) Services</b>	No	No
<b>Chiropractic Services</b>	No	No
<b>Community Health Center Services</b> For example: <ul style="list-style-type: none"> <li>• office visits for primary care and specialists</li> <li>• OB/GYN and prenatal care*</li> <li>• health education</li> <li>• medical social services</li> <li>• nutrition services, including diabetes self-management training and medical nutrition therapy</li> <li>• tobacco cessation services</li> <li>• vaccines/immunization (HEP A and B)</li> <li>• diabetes self-management training</li> </ul>	No	No
<b>Dental Services</b> <ul style="list-style-type: none"> <li>• Emergency related dental care</li> <li>• Oral surgery performed in an outpatient hospital or ambulatory surgery setting which is medically necessary to treat an underlying medical condition</li> <li>• Preventive and basic services for the prevention and control of dental diseases and the maintenance of oral health for adults.</li> </ul>	Yes	No
<b>Dialysis Services</b>	No	No
<b>Durable Medical Equipment</b> Including but not limited to the purchase or rental of medical equipment, replacement parts, and repair for such items	Yes	No

<b>MassHealth CarePlus Covered Services for HNE Be Healthy Members</b>	<b>Authorization Required for Some or All of the Services? Yes/No?</b>	<b>Primary Care Provider (PCP) Referral Required for Some or All of the Services? Yes/No?</b>
<b>Family Planning Services<sup>5</sup></b>	No	No
<b>Hearing Aid Services</b>	Yes	No
<b>Home Health Services</b>	Yes	No
<b>Hospice Services<sup>6</sup></b>	Yes	No
<b>Infertility</b> Diagnosis of infertility and treatment of underlying medical condition.	No	No
<b>Laboratory Services</b> All services necessary for the diagnosis, treatment and prevention of disease, and for the maintenance of health.	Yes	No
<b>Orthotic Services</b> Braces (non-dental) and other mechanical or molded devices to support or correct any defect of form or function of the human body	Yes	No
<b>Outpatient Hospital Services</b> Services provided at an outpatient hospital, for example: <ul style="list-style-type: none"> <li>• outpatient surgical and related diagnostic, medical and dental services</li> <li>• office visits for primary care and specialists</li> <li>• OB/GYN and prenatal care*therapy services (physical, occupational and speech)</li> <li>• diabetes self-management training</li> <li>• medical nutritional therapy</li> <li>• tobacco cessation services</li> </ul>	Yes	No
<b>Oxygen &amp; Respiratory Therapy Equipment</b>	No	No
<b>Physician (primary and specialty), Nurse Practitioners acting as Primary Care Providers, and Nurse Midwife Services</b> <b>For example:</b> <ul style="list-style-type: none"> <li>• office visits for primary care and specialists</li> <li>• OB/GYN and prenatal care*</li> <li>• diabetes self-management training</li> <li>• medical nutritional therapy</li> <li>• tobacco cessation services</li> </ul>	No	No

<sup>5</sup> An HNE Be Healthy member may obtain family planning services at any MassHealth family planning services provider, even if it is outside of HNE Be Healthy's provider network.

<sup>6</sup> An HNE Be Healthy member can get hospice care from HNE Be Healthy or MassHealth. If you choose to receive hospice care from MassHealth you will be disenrolled from HNE Be Healthy and receive all of your health care services from MassHealth.

<b>MassHealth CarePlus Covered Services for HNE Be Healthy Members</b>	<b>Authorization Required for Some or All of the Services? Yes/No?</b>	<b>Primary Care Provider (PCP) Referral Required for Some or All of the Services? Yes/No?</b>
<b>Podiatrist Services (Foot Care)</b>	Yes	No
<b>Prosthetic Services</b>	Yes	No
<b>Radiology and Diagnostic Services</b> <b>For example:</b> <ul style="list-style-type: none"> <li>• X-Rays</li> <li>• magnetic resonance imagery (MRI) and other imaging studies</li> <li>• radiation oncology services performed at radiation oncology centers (ROCs) which are independent of an acute outpatient hospital or physician service.</li> </ul>	Yes	No
<b>Skilled Nursing Facility, Chronic Disease and Rehabilitation Hospital Services<sup>7</sup></b>	Yes	No
<b>Therapy Services</b> <b>For example:</b> <ul style="list-style-type: none"> <li>• occupational therapy</li> <li>• physical therapy</li> <li>• speech/language therapy</li> </ul>	Yes	No
<b>Transportation Services (Non-Emergency)</b> <ul style="list-style-type: none"> <li>• Non-emergency transportation by land ambulance, chair car, taxi, and common carriers that generally are pre-arranged to transport an Enrollee to and from covered medical care in Massachusetts or within 50 miles or less of the Massachusetts border</li> <li>• Non-emergent to out-of-state location – ambulance and other common carriers that generally are pre-arranged to transport an Enrollee to a service that is located outside a 50-mile radius of the Massachusetts border</li> </ul>	Yes	No
<b>Vision Care</b> <b>For example:</b> <ul style="list-style-type: none"> <li>• comprehensive eye exams once every year for enrollees under 21 and once every 24 months for enrollees 21 and over, and whenever medically necessary.</li> <li>• vision training, ocular prosthesis; contacts, when</li> <li>• medically necessary, as a medical treatment for a medical condition such as keratoconus; and</li> <li>• bandage lenses</li> </ul>	Yes	No

<sup>7</sup> HNE Be Healthy covers up to 100 days of a combination of Skilled Nursing, Chronic Disease and Rehabilitation Hospital Services in a Contract Year. If you need Chronic Disease and Rehabilitation Hospital Services beyond the 100 days provided by your health plan, you will be disenrolled from HNE Be Healthy and receive such services from MassHealth on a fee-for-service basis. If you need Skilled Nursing Facility Services beyond the 100 days provided by your health plan, you may qualify for MassHealth Standard. Call MassHealth Customer Service to see if you qualify; if you do, you will be disenrolled from HNE Be Healthy and will receive such services from MassHealth instead of HNE Be Healthy. Call HNE Be Healthy or MassHealth Customer Service for more information.

<b>MassHealth CarePlus Covered Services for HNE Be Healthy Members</b>	<b>Authorization Required for Some or All of the Services? Yes/No?</b>	<b>Primary Care Provider (PCP) Referral Required for Some or All of the Services? Yes/No?</b>
<ul style="list-style-type: none"> <li>• Prescription and dispensing of ophthalmic materials, including eye glasses and other visual aids, excluding contacts</li> </ul>		
<b>Wigs</b> – as prescribed by a physician related to a medical condition	No	No
<b>Pharmacy Services (Medications)</b> See co-payment information on the last page.		
<ul style="list-style-type: none"> <li>• Prescription Medicines</li> <li>• Over-the-Counter Medicines</li> </ul>	Yes	No
<b>Behavioral Health (Mental Health and Substance Abuse) Services</b>		
<b>Non-24 Hour Diversionary Services</b> <ul style="list-style-type: none"> <li>▪ community support programs</li> <li>▪ partial hospitalization</li> <li>▪ structured outpatient addiction program (SOAP)</li> <li>▪ intensive outpatient program (IOP)</li> <li>▪ psychiatric day treatment</li> </ul>	Yes	No
<b>24 Hour Diversionary Services</b> <ul style="list-style-type: none"> <li>▪ crisis stabilization unit</li> <li>▪ acute treatment services for substance abuse (Level III.7)</li> <li>▪ clinical support services – substance abuse (Level III.5)</li> </ul>	Yes	No
<b>Emergency Services Program (ESP) Services:</b> <ul style="list-style-type: none"> <li>▪ crisis assessment, intervention, and stabilization</li> <li>▪ medication evaluation</li> <li>▪ specialing - a one-to-one monitoring service</li> </ul>	Yes	No
<b>Inpatient Services:</b> <ul style="list-style-type: none"> <li>▪ Inpatient mental health services</li> <li>▪ Inpatient substance abuse services (Level IV)</li> </ul>	Yes	No
<b>Outpatient Services, such as:</b> <ul style="list-style-type: none"> <li>▪ individual, group, and family counseling</li> <li>▪ medication visits</li> <li>▪ family and case consultations</li> <li>▪ diagnostic evaluations</li> <li>▪ psychological testing narcotic-treatment services (including acupuncture)</li> <li>▪ electro-convulsive therapy</li> </ul>	Yes	No

**\*If you are pregnant, you should contact MassHealth or HNE Be Healthy because you will qualify for additional benefits due to your pregnancy**

**Copayments:**

Most members who are age 21 and older must pay the following pharmacy copayments:

- \$1 for certain covered generic medicines mainly used for diabetes, high blood pressure, and high cholesterol. These medicines are called antihyperglycemics (such as metformin), antihypertensives (such as lisinopril), and antilyperlipidemics (such as simvastatin)
- \$3.65 for certain over-the-counter (OTC) medicines for which you have a prescription from the doctor
- \$3.65 for both first-time prescriptions and refills for certain covered generic and OTC medicines
- \$3.65 for both first time prescriptions and refills of covered brand-name medicines

**Members who do NOT have pharmacy copayments:**

These members do not have any copayments:

- Members under age 21
- Pregnant women, or women whose pregnancy ended less than 60 days ago (you must tell the pharmacist about your pregnancy)
- Members who are in hospice care
- American Indian or Alaska Native who is currently receiving or has ever received an item or service furnished by the Indian Health Service, an Indian Tribe, a tribal organization, or an urban Indian organization, or through referral, in accordance with federal law
- Members who are receiving inpatient care in an acute hospital, nursing facility, chronic disease hospital, rehabilitation hospital, or intermediate-care facility for the developmentally delayed.

In addition, members do not have to pay copayments for family planning supplies (birth control).

**Co-payment Cap**

Unless you don't need to pay a co-payment as described above, MassHealth members ages 21 and older have a co-payment cap (limit) on the co-payments pharmacies can charge each calendar year. The cap is the total amount of co-payments pharmacies have charged you, not what you paid. Call HNE Member Services for more information.

**Excluded Services**

Except as otherwise noted or determined Medically Necessary, the following services are not covered under MassHealth and as such are not covered by HNE Be Healthy.

1. Cosmetic surgery, except as determined by HNE Be Healthy to be necessary for:
  - a. Correction or repair of damage following an injury or illness
  - b. Mammoplasty following a mastectomy
  - c. Any other medical necessity as determined by HNE Be Healthy

All such services determined by HNE Be Healthy to be Medically Necessary shall constitute an MCO Covered Service under the Contract.

2. Treatment for infertility, including but not limited to in-vitro fertilization and gamete intrafallopian tube (GIFT) procedures.
3. Experimental treatment
4. Personal comfort items including air conditioners, radios, telephones, and televisions
5. A service or supply which is not provided by or at the direction of a Network Provider, except for:
  - a. Emergency Services as defined in Section 1 of this Contract
  - b. Family Planning Services
  - c. Non-covered laboratory services

Call HNE Member Services at **800.786.9999** (TTY: 800.439.2370 for people with partial or total hearing loss) for more information about copayment exceptions. HNE Be Healthy will coordinate your MassHealth covered services.

## Covered Services List for HNE Be Healthy Members with MassHealth Family Assistance Coverage

This is a list of all covered services and benefits for MassHealth Family Assistance members enrolled in HNE Be Healthy. The list also indicates if a prior authorization is required by HNE Be Healthy and/or if a referral by your Primary Care Provider (PCP) is necessary. Please note that it is HNE Be Healthy’s responsibility to coordinate all covered services listed below. It is your responsibility to always carry your HNE Be Healthy and your MassHealth identification cards and show them to your provider at all appointments.

You can call HNE Member Services at 1.800.788.0123 for more information about services and benefits. Please see the telephone number and hours of operation for HNE Customer Service at the bottom of every page of this covered services list.

- For questions about medical health services, please call HNE Be Healthy 1.800.786.9999 or TTY: 1.800.439.2370 for people with partial or total hearing loss. See below for hours of operation.
- For questions about behavioral-health services, please call 1.800.495.0086 or TTY: 1.617.790.4130 for people with partial or total hearing loss.
- For more information about pharmacy services go to HNE Be Healthy’s medicine list at [www.HNE.com](http://www.HNE.com) or call HNE Member Services at 1.413.788.0123 or TTY: 1.800.439.2370 for people with partial or total hearing loss.
- For questions about dental services, please call DentaQuest Customer Service at 1-800-207-5019 or TTY 1-800-466-7566 or Translation Services at 1-800-207-5019. Hours: 8:00 AM-6:00 PM.

“Yes” in either the “Prior Authorization Required for Some or All of the Services?” or the “Primary Care Physician (PCP) Referral Required for Some or All of the Services?” column means that prior authorization, or a PCP referral (or both) is required for some or all of the services in the category. There is more information about authorizations and PCP referrals in your Member Handbook.

Please keep in mind that services and benefits change from time to time. This Covered Services List is for your general information only. Please call HNE Be Healthy for the most up to date information. MassHealth regulations control the services and benefits available to you. To access MassHealth regulations:

- Go to MassHealth’s Web site [www.mass.gov/masshealth](http://www.mass.gov/masshealth); or
- Call MassHealth Customer Service at 1-800-841-2900 (TTY: 1-800-497-4648 for people with partial or total hearing loss) Monday through Friday from 8:00 AM – 5:00 PM.

<b>MassHealth Family Assistance Covered Services for HNE Be Healthy Members</b>	<b>Prior Authorization Required for Some or All of the Services? Yes/No?</b>	<b>Primary Care Provider (PCP) Referral Required for Some or All of the Services? Yes/No?</b>
<b>Emergency Services - Medical and Behavioral Health</b>		
<b>Emergency Transportation Services</b> – ambulance (air and land) transport that generally is not scheduled, but is needed on an Emergency basis, including Specialty Care Transport that is an ambulance transport of a critically injured or ill Enrollee from one facility to another, requiring care beyond the scope of a paramedic.	No	No
<b>Emergency Inpatient and Outpatient Services</b>	No	No

<b>MassHealth Family Assistance Covered Services for HNE Be Healthy Members</b>	<b>Prior Authorization Required for Some or All of the Services? Yes/No?</b>	<b>Primary Care Provider (PCP) Referral Required for Some or All of the Services? Yes/No?</b>
<b>Medical Services</b>		
<b>Abortion Services</b>	No	No
<b>Acute Inpatient Hospital Services</b> For MassHealth Members age 21 years of age and older, this benefit is limited to acute hospital inpatient services of up to 20 days per admission, excluding Administratively Necessary Days and stays in a Department of Mental Health (DMH)-licensed acute psychiatric unit within a Department of Public Health (DPH)-licensed acute hospital, freestanding psychiatric hospitals, or in a rehabilitation unit within a DPH-licensed acute hospital.	Yes	No
<b>Ambulatory Surgery Services</b> - outpatient, surgical, related diagnostic and medical and dental services	Yes	No
<b>Audiologist (Hearing) Services</b>	No	No
<b>Chiropractic Services</b>	No	No
<b>Chronic Disease and Rehabilitation Hospital Services<sup>8</sup></b>	Yes	No
<b>Community Health Center Services</b> For example: <ul style="list-style-type: none"> <li>• office visits for primary care and specialists</li> <li>• OB/GYN and prenatal care</li> <li>• pediatric services, including PPHSD</li> <li>• health education</li> <li>• medical social services</li> <li>• nutrition services, including diabetes self-management training and medical nutrition therapy</li> <li>• tobacco cessation services</li> <li>• fluoride varnish to prevent tooth decay in children and teens</li> <li>• vaccines/immunizations (HEP A &amp; B)</li> <li>• diabetes self-management training</li> </ul>	No	No
<b>Dental Services</b> <ul style="list-style-type: none"> <li>• Emergency related dental care</li> <li>• Oral surgery performed in an outpatient hospital or ambulatory surgery setting which is medically necessary to treat an underlying medical condition</li> <li>• Preventive and basic services for the prevention and control of dental diseases</li> </ul>	Yes	No

<sup>8</sup> HNE Be Healthy covers up to 100 days of a combination of Chronic Disease and Rehabilitation Hospital Services in a Contract Year. If you need Chronic Disease and Rehabilitation Hospital Services beyond the 100 days provided by your health plan, you will be disenrolled from HNE Be Healthy and receive such services from MassHealth on a fee-for-service basis. Call HNE Be Healthy or MassHealth Customer Service for more information.

MassHealth Family Assistance Covered Services for HNE Be Healthy Members	Prior Authorization Required for Some or All of the Services? Yes/No?	Primary Care Provider (PCP) Referral Required for Some or All of the Services? Yes/No?
and the maintenance of oral health for adults		
<b>Dialysis Services</b>	No	No
<b>Durable Medical Equipment -</b> Including but not limited to the purchase or rental of medical equipment, replacement parts, and repair for such items	Yes	No
<b>Early Intervention Services</b>	No	No
<b>Family Planning Services</b> <sup>9</sup>	No	No
<b>Hearing Aid Services</b>	Yes	No
<b>Home Health Services</b>	Yes	No
<b>Hospice Services</b> <sup>10</sup>	Yes	No
<b>Infertility</b> Diagnosis of infertility and treatment of underlying medical condition in certain cases. Please contact HNE Be Healthy for additional information about coverage.	No	No
<b>Intensive Early Intervention Services</b> Provided to eligible children under three years of age who have a diagnosis of autism spectrum disorder.	No	No
<b>Laboratory Services</b> All services necessary for the diagnosis, treatment and prevention of disease, and for the maintenance of health	Yes	No
<b>Orthotic Services</b> Braces (non-dental) and other mechanical or molded devices to support or correct any defect of form or function of the human body. For individual over age 21, certain limitations apply.	Yes	No
<b>Outpatient Hospital Services</b> Services provided at an outpatient hospital, for example: <ul style="list-style-type: none"> <li>• outpatient surgical and related diagnostic, medical and dental services</li> <li>• office visits for primary care and specialists</li> <li>• OB/GYN and prenatal care</li> <li>• therapy services (physical, occupational and speech)</li> </ul>	Yes	No

<sup>9</sup> An HNE Be Healthy member may obtain family planning services at any MassHealth family planning services provider, even if it is outside of HNE Be Healthy’s provider network.

<sup>10</sup> An HNE Be Healthy member can get hospice care from HNE Be Healthy or MassHealth. If you choose to receive hospice care from MassHealth, you will be disenrolled from HNE Be Healthy and receive all of your health care services from MassHealth.

MassHealth Family Assistance Covered Services for HNE Be Healthy Members	Prior Authorization Required for Some or All of the Services? Yes/No?	Primary Care Provider (PCP) Referral Required for Some or All of the Services? Yes/No?
<ul style="list-style-type: none"> <li>• diabetes self-management training</li> <li>• medical nutritional therapy</li> <li>• tobacco cessation services</li> <li>• fluoride varnish to prevent tooth decay in children and teens</li> </ul>		
<b>Oxygen &amp; Respiratory Therapy Equipment</b>	No	No
<b>Physician (primary and specialty), Nurse Practitioners acting as Primary Care Providers, and Nurse Midwife Services</b> <b>For example:</b> <ul style="list-style-type: none"> <li>• office visits for primary care and specialists</li> <li>• OB/GYN and prenatal care</li> <li>• diabetes self-management training</li> <li>• medical nutritional therapy</li> <li>• tobacco cessation services</li> <li>• fluoride varnish to prevent tooth decay in children and teens</li> </ul>	No	No
<b>Podiatrist Services (Foot Care)</b>	Yes	No
<b>Prosthetic Services</b>	Yes	No
<b>Radiology and Diagnostic Services</b> <b>For example:</b> <ul style="list-style-type: none"> <li>• X-Rays</li> <li>• magnetic resonance imagery (MRI) and other imaging studies</li> <li>• radiation oncology services performed at radiation oncology centers (ROCs) which are independent of an acute outpatient hospital or physician service.</li> </ul>	Yes	No
<b>Therapy Services</b> <b>For example:</b> <ul style="list-style-type: none"> <li>• occupational therapy</li> <li>• physical therapy</li> <li>• speech/language therapy</li> </ul>	Yes	No
<b>Vision Care</b> <b>For example:</b> <ul style="list-style-type: none"> <li>• comprehensive eye exams once every year for enrollees under 21 and once every 24 months for enrollees 21 and over, and whenever medically necessary;</li> <li>• vision training</li> <li>• ocular prosthesis</li> <li>• contacts, when medically necessary, as a medical treatment for a medical condition such as keratoconus</li> <li>• bandage lenses</li> </ul>	Yes	No

MassHealth Family Assistance Covered Services for HNE Be Healthy Members	Prior Authorization Required for Some or All of the Services? Yes/No?	Primary Care Provider (PCP) Referral Required for Some or All of the Services? Yes/No?
<ul style="list-style-type: none"> <li>• Prescription and dispensing of ophthalmic materials, including eye glasses and other visual aids, excluding contacts</li> </ul>		
Wigs – as prescribed by a physician related to a medical condition	Yes	No
<b>Pharmacy Services (Medications)</b> <b>See co-payment information on the last page.</b>		
Prescription Medicines	Yes	No
Over-the-Counter Medicines	Yes	No
<b>Behavioral Health (Mental Health and Substance Abuse) Services</b>		
<b>Non-24 Hour Diversionary Services:</b> <ul style="list-style-type: none"> <li>▪ community support programs</li> <li>▪ partial hospitalization</li> <li>▪ structured outpatient addiction program (SOAP)</li> <li>▪ intensive outpatient program (IOP)</li> <li>▪ psychiatric day treatment</li> </ul>	Yes	No
<b>24 Hour Diversionary Services:</b> <ul style="list-style-type: none"> <li>▪ crisis stabilization unit</li> <li>▪ community-based acute treatment for children and adolescents (CBAT)</li> <li>▪ acute treatment services for substance abuse (Level III.7)</li> <li>▪ clinical support services – substance abuse (Level III.5)</li> <li>▪ transitional care unit</li> </ul>	Yes	No
<b>Emergency Services Program (ESP) Services:</b> <ul style="list-style-type: none"> <li>▪ crisis assessment, intervention, and stabilization</li> <li>▪ mobile crisis intervention for children under 21</li> <li>▪ medication evaluation</li> <li>▪ specializing – a one-to-one monitoring service</li> </ul>	Yes	No
<b>Inpatient Services:</b> <ul style="list-style-type: none"> <li>▪ Inpatient mental health services</li> <li>▪ Inpatient substance abuse services (Level IV)</li> </ul>	Yes	No
<b>Outpatient Services, such as:</b> <ul style="list-style-type: none"> <li>▪ individual, group, and family counseling</li> <li>▪ medication visits</li> <li>▪ family and case consultations</li> <li>▪ collateral contacts for children under age 21</li> </ul>	Yes	No

MassHealth Family Assistance Covered Services for HNE Be Healthy Members	Prior Authorization Required for Some or All of the Services? Yes/No?	Primary Care Provider (PCP) Referral Required for Some or All of the Services? Yes/No?
<ul style="list-style-type: none"> <li>▪ diagnostic evaluations</li> <li>▪ psychological testing or special education psychological testing</li> <li>▪ narcotic-treatment services (including acupuncture)</li> <li>▪ electro-convulsive therapy</li> </ul>		
<b>Intensive Home or Community Based Outpatient Services for Youth:</b> <ul style="list-style-type: none"> <li>▪ in-home therapy services</li> </ul>	Yes	No
<b>Preventive Pediatric Healthcare Screenings and Diagnostic (PPHSD) Services</b>		
<b>Screening Services</b> 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, the PCP will perform 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. MassHealth pays PCPs for these checkups. At well-child checkups, PCPs can find and treat small problems before they become big ones. More information about the schedule for checkups is in your Member Handbook under “Additional services for children.” In addition to regular checkups, children should also visit their PCP any time there is a concern about their medical or behavioral health, even if it is not time for a regular checkup. Children under age 21 are also entitled to get regular visits with a dental provider.	No	No

**Copayments:**

Most members who are age 21 and older must pay the following pharmacy copayments:

- \$1 for certain covered generic medicines mainly used for diabetes, high blood pressure, and high cholesterol. These medicines are called antihyperglycemics (such as metformin), antihypertensives (such as lisinopril), and antilyperlipidemics (such as simvastatin)
- \$3.65 for certain over-the-counter (OTC) medicines for which you have a prescription from the doctor
- \$3.65 for both first-time prescriptions and refills for certain covered generic and OTC medicines
- \$3.65 for both first time prescriptions and refills of covered brand-name medicines

**Members who do NOT have pharmacy copayments:**

These members do not have any copayments:

- Members under age 21
- Pregnant women, or women whose pregnancy ended less than 60 days ago (you must tell the pharmacist about your pregnancy)
- Members who are in hospice care
- American Indian or Alaska Native who is currently receiving or has ever received an item or service furnished by the Indian Health Service, an Indian Tribe, a tribal organization, or an urban Indian organization, or through referral, in accordance with federal law

- Members who are receiving inpatient care in an acute hospital, nursing facility, chronic disease hospital, rehabilitation hospital, or intermediate-care facility for the developmentally delayed.

In addition, members do not have to pay copayments for family planning supplies (birth control).

### **Co-payment Cap**

Unless you don't need to pay a co-payment as described above, MassHealth members ages 21 and older have a co-payment cap (limit) on the co-payments pharmacies can charge each calendar year. The cap is the total amount of co-payments pharmacies have charged you, not what you paid. Call HNE Member Services for more information.

### **Excluded Services**

Except as otherwise noted or determined Medically Necessary, the following services are not covered under MassHealth and as such are not covered by HNE Be Healthy.

1. Cosmetic surgery, except as determined by HNE Be Healthy to be necessary for:
  - a. Correction or repair of damage following an injury or illness
  - b. Mammoplasty following a mastectomy
  - c. Any other medical necessity as determined by HNE Be Healthy

All such services determined by HNE Be Healthy to be Medically Necessary shall constitute an MCO Covered Service under the Contract.

2. Treatment for infertility, including but not limited to in-vitro fertilization and gamete intrafallopian tube (GIFT) procedures.
3. Experimental treatment
4. Personal comfort items including air conditioners, radios, telephones, and televisions
5. A service or supply which is not provided by or at the direction of a Network Provider, except for:
  - a. Emergency Services as defined in Section 1 of this Contract
  - b. Family Planning Services
  - c. Non-covered laboratory services

Call HNE Member Services at **800.786.9999** (TTY: 800.439.2370 for people with partial or total hearing loss) for more information about copayment exceptions. HNE Be Healthy will coordinate your MassHealth covered services.

**MassHealth Excluded Services (With the exception of CarePlus. See page 27 for CarePlus exclusions.)**

Except as otherwise noted or determined Medically Necessary by EOHHS, the following services are not covered under MassHealth and as such are not covered by HNE Be Healthy.

- Cosmetic surgery, except as determined by HNE to be necessary for:
  - 1) correction or repair of damage following an injury or illness
  - 2) mammoplasty following a mastectomy
  - 3) any other medical necessity as determined by HNEAll such services determined by HNE to be Medically Necessary shall constitute a Covered Service.
- Diagnosis and treatment for infertility, including in-vitro fertilization and gamete intra-fallopian tube (GIFT) procedures.
- Experimental treatment.
- Personal comfort items including air conditioners, radios, telephones, and televisions (effective upon promulgation by EOHHS of regulations at 130 CMR regarding non-coverage of air conditioners).
- Services not otherwise covered by MassHealth, except as determined by HNE to be Medically Necessary for MassHealth Standard or MassHealth CommonHealth Members under age 21.
- A service or supply which is not provided by or at the direction of a Network Provider, except for:
  - 1) Emergency Services
  - 2) Family Planning Services
  - 3) Services provided to newborns during the period prior to notification by EOHHS of retroactive enrollment of the newborn unless the newborn's mother is a Member of HNE Be Healthy on the newborn's date of birth.
- Non-covered laboratory services as specified in 130 CMR 401.411, specifically:
  - 1) Routine specimen collection and preparation for the purpose of clinical laboratory analysis (for example, venipunctures; urine, fecal, and sputum samples; Pap smears; cultures; and swabbing and scraping for removal of tissue). Payment for such costs is included in the payment for conducting the test and analysis.
  - 2) Laboratory tests associated with male or female infertility.
  - 3) Calculations (for example, red cell indices, A/G ratio, creatinine clearance), and ratios calculated as part of a profile.
  - 4) Tests performed for experimental or clinical investigational purposes (e.g., to establish safety and effectiveness), or that are themselves experimental or clinically investigational.
  - 5) Tests performed only for purposes of civil, criminal, administrative, or social service agency investigations, proceedings, or monitoring activities.
  - 6) Tests performed for residential monitoring purposes.
  - 7) Tests performed to establish paternity.
  - 8) Post-mortem examinations.
  - 9) Services performed by an independent clinical laboratory for which that laboratory is not certified by CMS to perform.
  - 10) Any other tests or activities performed for any purpose other than those described in 130 CMR 401.410.

## **Behavioral Health**

HNE has contracted with Massachusetts Behavioral Health Partnership (MBHP) for behavioral health coverage for HNE Be Healthy Members.

“The Children’s Behavioral Health Initiative” (CBHI) is an interagency initiative of the Commonwealth’s Executive Office of Health and Human Services whose mission is to strengthen, expand and integrate Massachusetts state services into a comprehensive, community-based system of care to ensure that families and their children with significant behavioral, emotional and mental health needs obtain the services necessary for success in home, school and the community. Six services have been developed and implemented to meet this mission – Intensive Care Coordination (ICC), Family Support & Training (FS&T), Mobile Crisis Intervention (MCI), In-Home Therapy (IHT), Therapeutic Mentoring (TM), and In-Home Behavioral Services (IHBS). The HNE Be Healthy program offers all of these CBHI services as Covered Services.

MBHP has contracted with providers in Western Massachusetts for inpatient, diversionary, outpatient, CBHI services, and emergency services. MBHP will be responsible for all authorizations for behavioral health services, appeals, and credentialing of behavioral health providers. Behavioral health Grievances will be handled by HNE directly. Provider contracts will articulate that they can access the MBHP Provider Manual on the web at [masspartnership.com](http://masspartnership.com). Providers will not receive a hard copy of the MBHP Provider Manual.

HNE care managers will coordinate care with MBHP for Members with medical and behavioral health conditions. HNE and MBHP will communicate with the respective Providers regarding these Members. The HNE care manager collaborates with Providers to advocate for and assist with linkage to necessary supports and services and to facilitate coordination of care as indicated by the Member’s individual needs.

If you need more information regarding HNE Be Healthy behavioral health services, call MBHP at 1.800.495.0086 or go to [masspartnership.com](http://masspartnership.com). You can reach a licensed clinical care manager 24 hours a day, seven days a week, 365 days a year.

## **Emergency Services Process and Locations**

Members experiencing a medical emergency or a behavioral health emergency can call 911 or go to any Emergency Room. Members experiencing a behavioral health emergency also may call their local Emergency Services Program (ESP) Provider.

A statewide listing of Emergency Rooms and Emergency Services Program (ESP) Providers can be found in the HNE Be Healthy Provider Directory and online at [hne.com/masshealth](http://hne.com/masshealth). You also can find participating ESP Providers by calling MBHP at 1.800.495.0086 or at [masspartnership.com](http://masspartnership.com).

Massachusetts Behavioral Health Partnership (MBHP) will be responsible for coordination of all behavioral health emergency service programs. For additional information, see the MBHP Provider Manual which is available at [masspartnership.com](http://masspartnership.com).

An emergency is when a person with only an average knowledge of health and medicine reasonably believes, on the basis of the health symptoms, that if the condition is left untreated it could lead to serious health consequences.

## **In the HNE Be Healthy Service Area**

HNE Member Services at: 413.788.0123 or 800.786.9999 (TTY: 800.439.2370) Monday – Friday from 8 a.m. to 5 p.m.

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HNE encourages the Member, if the situation allows, to call their PCP first. The Member also may contact MBHP at [masspartnership.com](http://masspartnership.com). If a Member calls their PCP, the PCP may direct the Member to go to an ER or ask the Member to visit a doctor's office. PCPs must be on call (or arrange for coverage) 24 hours a day, seven days a week. The PCP (or the covering physician) must call the Member back as soon as possible if the Member reaches an answering service.

Emergency or urgent inpatient admissions must be reported to HNE within 24 hours (one business day) by the hospital or the admitting physician. Call HNE at 1.413.787.4000, ext. 5027 or 1.800.842.4464, ext. 5027.

The HNE Be Healthy Provider Directory lists hospitals and Emergency Services Program (ESP) Providers that are currently contracted with HNE Be Healthy; however, Members are covered for emergency care anywhere. The Provider Directory is available online at [hne.com/masshealth](http://hne.com/masshealth). You may request a written copy of the document by contacting HNE Provider Relations at 413.233.3313.

Information regarding routine care can be found in your HNE Provider Manual located at [hne.com](http://hne.com).

### **Out of the HNE Be Healthy Service Area**

When outside of the HNE Be Healthy service area, the Member has coverage for care that he or she believes is an emergency. However, only initial treatment will be covered. Follow-up care once the Member is medically able to return to the service area must be provided or coordinated by the PCP.

Emergency or urgent inpatient admissions must be reported to HNE within 24 hours (one business day) by the hospital or the admitting physician. Call HNE at 1.413.787.4000, ext. 5027 or 1.800.842.4464, ext. 5027.

Emergency admissions should be referred to participating hospitals unless it would be medically appropriate to treat the patient elsewhere.

### **HNE Be Healthy Pharmacy Benefit**

The pharmacy benefit is another way HNE Be Healthy helps you take care of your patient. HNE Be Healthy covers most prescription drugs and select brand-name and generic (non-brand-name) over-the-counter drugs, with a prescription. You should prescribe generic medicines when available, unless you write "no substitutions" on the prescription AND submit a Prior Authorization for approval.

### **Filling Prescriptions**

HNE Be Healthy covers many prescription drugs with any applicable Co-payment as listed in the Covered Services list. The member can fill a prescription at one of the pharmacies in Massachusetts that participates in HNE Be Healthy. Participating pharmacies include most major chains and most community pharmacies. Refer to the HNE Be Healthy Provider Directory for a listing of pharmacies. You also can look up pharmacies online. Go to [www.hne.com](http://www.hne.com), click on "HNE Be Healthy," then click on "Pharmacy." Members should show their HNE Be Healthy Member ID Card so the pharmacist will know they are a Member of HNE Be Healthy.

The retail prescription drug benefit is normally limited to up to a 30-day supply. One co-payment applies for each 30-day supply. Some prescription drugs need Authorization. You can ask for Authorization so the Member can have the prescriptions they need. If you have any questions about which drugs require Authorization, call HNE Be Healthy's Member Services department at 413.788.0123, 1.800.786.9999.

### **Over-the-counter Drugs**

HNE Be Healthy covers many over-the-counter drugs such as cough, cold and allergy medicines, with any applicable Co-payment, as listed in the HNE Be Healthy Member Covered Services list. You can prescribe up to a 30-day supply of these drugs with a prescription. Please call the HNE Member Services Department for more information.

### Copayment Cap

Members age 21 and older must pay an annual co-pay cap within a calendar year (January 1 to December 31).

	Copay Cap on or after 1/1/12
Co-payment cap for members age 21 and older.	\$250

You can find the co-pay for a drug on our website, [www.hne.com](http://www.hne.com).

1. Click on *HNE Be Healthy* on the lower left of the screen
2. On the HNE Be Healthy screen, move your mouse over the *Pharmacy* drop down on the top right of the screen
3. Click on *Drug Formulary*

### Copayment Exceptions

The following MassHealth Members DO NOT have to pay a pharmacy co-payment:

- Members under 21 years of age
- Members enrolled in MassHealth because they were in the care and custody of the Department of Children and Families (DCF) when they turned 18, and their MassHealth coverage was continued
- Members who are pregnant (Members must tell the pharmacist they are pregnant)
- Members whose pregnancy ended less than 60 days ago
- Members who are Inpatients in acute hospitals, nursing facilities, chronic disease or rehabilitation hospitals, or intermediate-care facilities for the developmentally delayed.
- Members receiving hospice services
- Members receiving Family Planning supplies
- Members who have met the pharmacy Co-payment cap described above
- An American Indian or Alaska Native who is currently receiving or has ever received an item or service furnished by the Indian Health Service, an Indian tribe, a tribal organization, or an urban Indian organization, or through referral, in accordance with federal law.

If one of the above exceptions applies to your patient, inform them it is their responsibility to tell the pharmacist that they do not have to pay the Co-payment. They will not be charged a pharmacy co-payment if any of the above exceptions applies to them.

### What do you do if Members cannot afford a Co-payment?

It is the responsibility of the HNE Be Healthy Member to pay the co-payment if they can afford it; but if they can't, they should not go without the medicine. The Member must tell the pharmacist they can't afford to pay the co-payment. Under Federal law, the pharmacy must still give the Member the medicine. They still will owe the money to the pharmacy and the pharmacy may use any legal way to collect the money they owe. HNE Be Healthy is not responsible for any co-payments the Member may owe to the pharmacy.

## **Safe and Appropriate Use of Prescription Drugs**

HNE Be Healthy uses a number of pharmacy programs to promote the safe and appropriate use of prescription drugs. Not all drugs are covered under our pharmacy program. Drugs that 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 HNE Be Healthy web site. Go to [www.hne.com/masshealth](http://www.hne.com/masshealth).

If you want a copy of the Formulary Drug List, please call our Member Services Department.

If you feel that it is Medically Necessary for your HNE Be Healthy patient to take a drug that is not covered or for which they do not meet HNE Be Healthy's requirements, as their Provider you can submit a Prior Authorization request to HNE Be Healthy. This request will be reviewed by a clinician and if the drug is Medically Necessary, HNE Be Healthy will cover the drug. If the Prior Authorization request is denied the Member or an authorized Appeal Representative, which can be you as the Provider if so designated, can appeal the decision. This is detailed in Section 11 of the Member Handbook for Grievances and Appeals information. If you want more information about the pharmacy programs, visit our web site at [www.hne.com/masshealth](http://www.hne.com/masshealth) or, you can call our Member Services department.

## **Quantity Limit**

HNE Be Healthy may limit the number of units for a specific medication a Member may get in a given time period to ensure safe and appropriate use. These limits are based on recommended dosing schedules, and the availability of several strengths of the medication. Quantity limits automatically apply at the time the prescriptions are purchased. If you as the Provider feel that quantities greater than the specified amount are Medically Necessary, you can submit a Prior Authorization request that will be reviewed by a clinician. If approved, HNE Be Healthy will cover the drug. If the Prior Authorization request is denied, the Member or an authorized Appeal Representative, which can be you as the Provider if so designated, can appeal the decision. Refer to Section 11 of the Member Handbook for more information about Grievances and Appeals or call our Member Services department.

## **Mandatory Generic Policy**

Massachusetts law requires that a Member try a generic version of a medication before the brand name medication is considered for coverage. If you as the healthcare Provider consider it Medically Necessary for your patient to receive the brand name medication, you must write "no substitution" on the prescriptions and request a Prior Authorization from HNE Be Healthy.

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

Prior Authorization is required for exceptions to HNE Be Healthy's mandatory generic medication pharmacy benefit. If your patient has already tried a generic equivalent, you must complete a Prior Authorization request or contact the HNE Member Services Department for assistance.

## **Prior Authorization**

Some drugs always require Prior Authorization. If you as the Member's Provider feel that the drug is Medically Necessary, submit a Prior Authorization request that will be reviewed by a clinician. If the drug is Medically Necessary, HNE Be Healthy will cover the drug. If the Prior Authorization request is denied, the member or an authorized Appeal Representative which can be you as the Provider if so designated, can appeal the decision. If you want more information about the Grievance and Appeals process, visit our website at [hne.com/masshealth](http://hne.com/masshealth) or call our Member Services Department.

## **Step Therapy**

Some types of drugs have many options. This program requires that a Member try certain first level drugs before HNE Be Healthy will cover another drug of that type. If the Member and you as their Provider feel that a certain first level drug is not appropriate to treat a medical condition, you can submit a Prior Authorization request that will be reviewed by a clinician, If the drug is Medically Necessary, HNE Be Healthy will cover the drug. If the Prior Authorization request is denied, the Member or an authorized

Appeal Representative, which can be you as the Provider if so designated, can appeal the decision. If you want more information about the Grievances and Appeals process, visit our web site at [hne.com/masshealth](http://hne.com/masshealth) or call our Member Services department.

### **BriovaRX Specialty Pharmacy Program**

The HNE Be Healthy specialty pharmacy program offers a less costly way to purchase expensive injectable drugs and medications that are used to treat complex medical conditions.

Certain medications and injectables are covered only when obtained from HNE Be Healthy's preferred list of specialty pharmacies. A complete list of medicines included in the specialty pharmacy program, along with the list of participating specialty pharmacies, are available on our website at [hne.com/masshealth](http://hne.com/masshealth).

If your Member's medicine is included in the specialty pharmacy program, please complete and submit a new prescription Referral form to the ICORE specialty pharmacy program. Forms may be obtained through our web site at [www.hne.com](http://www.hne.com). Click on "HNE Provider," then click on "Forms," and click on "Pharmacy Forms." All forms are available through our online drug lookup tool.

HNE Be Healthy's specialty pharmacy has expertise in the delivery of the medicines it provides, and offers special services not available at a traditional retail pharmacy, including:

- All necessary medicines and supplies needed for administration (at no additional charge)
- Convenient delivery options to a member's home or office with overnight or same day delivery available when Medically Necessary
- Access to nurses, pharmacists and care coordinators specializing in the treatment of your patient's condition, who are available 24 hours a day, 7 days a week, to provide support and educational information about your patient's medicines
- Compliance monitoring, adherence counseling and clinical follow-up educational resources regarding medication use, side effects, and injection administration

For additional assistance, or if you have any questions about HNE Be Healthy's specialty pharmacy program, please call the HNE Member Services department.

### **How can you or the Member reach BriovaRX?**

Call BriovaRX at 1.877.633.4807, TTY: 1866.618.6907, or fax at 1.877.292.5799.

### **New-to-Market Medication Program**

HNE Be Healthy reviews new drugs for safety and to make sure they work before we add them to our drug list. If you as the Provider feel that a new-to-market medication is Medically Necessary, submit a Prior Authorization request that will be reviewed by a clinician. If approved, HNE Be Healthy will cover the drug.

If the Prior Authorization request is denied, the Member or an authorized Appeal Representative, which can be you as the Provider if so designated, can appeal the decision. If you want more information about the Grievances and Appeals process, visit our web site at [hne.com/masshealth](http://hne.com/masshealth) or call our Member Services Department.

### **Limitations**

There are a number of prescription drugs for which coverage is limited. HNE Be Healthy only covers drugs that are Medically Necessary for preventive care or for treating illness, injury, or pregnancy.

## Exceptions

The HNE Be Healthy Member or you as the Provider may request an exception for coverage of any drug that is usually not covered or has limited coverage. Exceptions may only be granted for clinical reasons. For additional information, please contact our Member Services Department.

HNE Be Healthy has a number of on-line tools to help you understand prescription drug benefits. Please refer to our website at [www.hne.com/masshealth](http://www.hne.com/masshealth) for a listing of covered drugs.

## Exclusions

HNE Be Healthy's prescription drug benefit features an open Preferred Drug List, from which the following drugs or services are excluded. However, if the Member or you as Provider feel that it is Medically Necessary for the Member to take a listed drug, you can submit an Authorization request that will be looked at by a clinician. If it is approved, HNE Be Healthy will cover the drug. If the Prior Authorization request is denied, the Member or an authorized Appeal Representative, which can be you as the Provider if so designated, can appeal the decision. If you want more information about the Grievances and Appeals process, visit our web site at [hne.com/masshealth](http://hne.com/masshealth) or call our Member Services Department.

Exclusions include:

- Dietary supplements<sup>11</sup>
- Therapeutic devices or appliances (except where noted)
- Biologicals, immunization agents or vaccines<sup>12</sup>
- Blood or blood plasma
- Medications which are to be taken by or administered to an individual, in whole or in part, while he or she is a patient in a licensed hospital, nursing home, or similar institution which operates on its premises, or allows to be operated on its premises, a facility for dispensing pharmaceuticals
- Charges for the administration or injection of any drug
- If an FDA-approved generic drug is available, the brand-name equivalent is not covered
- Anabolic steroids
- Progesterone supplements
- Fluoride supplements/vitamins after age 13
- Drugs whose sole purpose is to promote or stimulate hair growth, or for cosmetic purposes only
- Drugs labeled "Caution – limited by federal law to investigational use," or experimental drugs, even though a charge is made to the individual
- Medications for which the cost is recoverable under Worker's Compensation or Occupational Disease Law or any state or governmental agency, or medication furnished by any other drug or medical service for which no charge is made to the Member
- Any prescription refilled in excess of the number of refills specified by the physician, or any refill dispensed after one year from the physician's original order

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<sup>11</sup> Covered in certain circumstances under the Durable Medical Equipment (DME) benefit.

<sup>12</sup> Covered in certain circumstances under medical benefit.

For more information about HNE Be Healthy's Preferred Drug List call the HNE Member Services department or visit the HNE Be Healthy website at [hne.com/masshealth](http://hne.com/masshealth).

## **Provider Communication**

HNE communicates with HNE Be Healthy Providers regarding updates to benefits and policies through a bi-annual "Notice of Changes." HNE also has an on-line blog site called HNETalk, accessible via [hne.com](http://hne.com). You should check the site regularly for changes, clarifications, and general information. MBHP will communicate with HNE Be Healthy Providers through Provider Alerts and through their website at [masspartnership.com](http://masspartnership.com).

### **How to obtain information regarding Network Providers**

HNE keeps an updated list of Network Providers. The most up to date information is available on [hne.com](http://hne.com). You may request a written copy of the HNE Be Healthy Provider Directory by contacting HNE Provider Relations at 413.233.3313 or online at [hne.com](http://hne.com), click "Provider." For information regarding Network Behavioral Health Providers, contact MBHP at 800.495.0086 or go to [masspartnership.com](http://masspartnership.com).

### **24-hour Health Information Line**

A nurse is available 24 hours a day, seven days a week to answer Member questions about health information and resources. The Health Information Line (HIL) is not intended to replace or question the diagnosis of a physician or other healthcare Provider, nor provide specific follow-up care for prescribed treatments. For triage situations, the HIL representative will direct the Member to the type of care most appropriate based on the symptoms and situation conveyed by the Member. The HIL vendor notifies HNE about Member activity on a daily basis for quality and utilization purposes.

### **Provider – Member Communication**

HNE does not prohibit Providers acting within the lawful scope of practice from advising or advocating on behalf of a Member who is his or her patient, for the following:

- The Member's health status, medical care, or treatment options including any alternative treatment that may be self-administered;
- Any information the Member needs in order to decide among all relevant options;
- The risks, benefits, and consequences of treatment or non-treatment; and
- The Member's right to participate in decisions regarding his or her health care, including the right to refuse treatment, and to express preferences about future treatment decisions.

### **Requirement for proper transfer of information from one provider to another**

HNE requires Providers to share Members' clinical information with appropriate Providers to ensure coordination of care and treatment, including, but not limited to, coordination of behavioral health services. Sharing of the Member's information should only occur with the Member's authorization.

### **Permissible Provider Marketing**

Providers can use only HNE Be Healthy materials that have been approved by the Executive Office of Health and Human Services (EOHHS).

## Important Phone Numbers and TTY Numbers

HNE Be Healthy Departments	Telephone Number
HNE Be Healthy Local	413.788.0123
HNE Be Healthy Toll Free	800.786.9999
HNE Be Healthy TTY	800.439.2370
HNE Be Healthy Health Information Line	866.389.7613
MBHP (HNE Be Healthy Behavioral Health Provider)	800.495.0086
MBHP TTY	617.790.4130
Provider Relations Local	413.233.3313
Provider Relations Toll Free	800.842.4464, extension 5000
Member Services Local	413.787.4004
Member Services Toll Free	800.310.2835
Member Services Hispanic Toll Free	866.725.8399

MassHealth	Telephone Number
MassHealth Customer Services Center	1.800.841.2900

Other Useful Numbers	Telephone Number
MassHealth (Medicaid)	1.800.841.2900
Health Insurance Connector	1.877.MA.Enroll (1.877.623.6765)
Office of the Child Advocate	1.877.790.3690
Elder Abuse Hotline	1.800.922.2275 (V/TDD)
Child-At-Risk Hotline	1.800.792.5200 (Report Abuse or Neglect)
Baby Safe Haven Hotline	1.866.814.SAFE (7233)
Transitional Assistance Fraud Hotline	1.800.FRAUD.99 (1.800.372.8399)
Request Emergency Interpreter	1.800.249.9949 (V/TTY)
Disabled Persons Protection Commission Hotline	1.800.426.9009
Safelink: Domestic Violence Hotline	1.877.785.2020 or 1.877.521.2601
Community Support Line for Children with Special Health Care Needs	1.800.882.1435
800AgeInfo	1.800.243.4636
Transitional Aid to Families with Dependent Children	1.800.249.2007
MassMedline	1.866.633.1617
SNAP Benefits	1.866.950.3663
Communicating with Deaf & Hard of Hearing (Emergency Interpreter)	1.800.249.9949

HNE Member Services at: 413.788.0123 or 800.786.9999 (TTY: 800.439.2370) Monday – Friday from 8 a.m. to 5 p.m.

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Massachusetts Office on Disability Client Services	1.800.322.2020
Massachusetts Office on Disability Client Services TTY	1.617.727.7440
Substance Abuse Information & Education Helpline	1.800.327.5050
	1.617.292.5065
	TTY: 1.617.536.5872
Behavioral Health Information in a Disaster	1.866.237.8274
Child Care Resource & Referral Agencies	1.800.345.0131
Child Support	1.800.332.2733
Children's Medical Security Plan	1.800.531.2229
Disabled Persons Protection Commission (DPPC)	V/TTY: 1.800.426.9009
Early Intervention	1.800.905.TIES
Food Source Hotline (Project Bread)	1.800.645.8333
Massachusetts Immigrant and Refugee Advocacy Coalition (MIRA)	1.617.350.5480
Prescription Advantage	1.800.243.4636
	TTY: 1.877.610.0241
West Nile Virus Hotline	1.866.627.7968
Women's Health Network	1.877.414.4447

## Credentialing/Recredentialing

HNE is dedicated to providing its members with access to effective healthcare and, as such, requires participating physicians to be board-certified or eligible to become board-certified within certain timeframes. Exceptions will be evaluated on a case by case basis. HNE's credentialing standards are more extensive than, though fully compliant with, NCQA requirements. HNE reviews the credentials of network providers every two years in accordance with state requirements.

Concerning their credentialing and recredentialing applications, practitioners have the right to:

- Review information submitted to support their applications
- Correct erroneous information
- Be informed of the status of their applications upon request
- Receive notification of these rights

HNE participates with HealthCare Administrative Solutions and as such accepts the Massachusetts Uniform Credentialing and Recredentialing On-line Application CIMA/CAQH. HNE utilizes the services of Ingenix, d/b/a Aperture Credentialing, an NCQA-certified credentials verification organization for Primary Source Verification of the following elements of credentialing:

- Application Processing
- CVO Application and Attestation Content
- DEA Certification
- Education and Training
- License to Practice
- Malpractice Claims History
- Medical Board Sanctions

- Ongoing Monitoring of Sanctions
- Work History

HNE does not discriminate for the participation, reimbursement or indemnification of any provider who is acting within the scope of his or her license or certification under applicable state law, solely because of that license or certification. If MCO/PIHP declines to include individual or groups of providers in its network, it gives the affected providers written notice of the reason for its decision.

- HNE does not establish provider selection policies and procedures that discriminate against particular providers that serve high-risk populations or specialize in conditions that require costly treatment.
- HNE does not contract with or otherwise pay for any items or services furnished, directed or prescribed by a provider that has been excluded from participation in Federal health care programs by the Office of the Inspector General (OIG) of the U.S. Department of Health and Human Services.

## Utilization Management and Claims Payment

### Quality Management/Quality Improvement

HNE is required to maintain reporting of Provider profiling activities and related Quality Improvement activities as specified by EOHHS.

### Referral Process

HNE does not require referrals for in-plan specialty care. Requests for a Member to see an out-of-plan provider require Prior Approval. HNE Be Healthy’s Prior Approval process is explained in the next section.

### Prior Approval Process and Out-of-Network Requests

Requests for authorization to out-of-network specialists require Prior Approval. If the requesting provider has any questions about authorizations to out-of-network providers or needs additional information about HNE Be Healthy’s contracted network, the provider should contact Health Services at 413.787.4000, extension 5027 or 800.842.4464, extension 5027. Instructions on how to complete a Prior Authorization Request Form (PARF), and a sample form, are available in your HNE Provider Manual. For behavioral health out-of-network requests contact MBHP at 800.495.0086.

### Utilization Management Timeliness Standards for Requests for Authorization

Type of Request	Decision	Notification Timeframes
Standard Initial Organization Determination (Pre-	As soon as medically indicated, within a maximum of 14 calendar days after receipt of request.	Provide notice verbally to provider within 24 hours of decision.

<p><b>Service)</b> - If <u>No Extension Requested</u> or Needed</p>		<p>Provide written notice by end of next business day if approved to the Provider and, if denied, to the Member and the Provider. This letter will outline the appeals process.</p> <p>If HNE fails to meet this timeframe, the “Failure to make a decision within the standard timeframe” letter will be sent to the Member and the Member’s appointed Appeal Representative. This letter outlines the appeals process.</p>
<p><b>Standard Initial Organization Determination (Pre-Service)</b> - If <u>Extension Requested</u> or Needed</p>	<p>May extend up to 14 calendar days, not to exceed a total of 28 calendar days.</p> <p><b>Note:</b> An extension is allowed <i>only</i> if:</p> <ol style="list-style-type: none"> <li>1. The HNE Be Healthy Member or the Provider requests an extension, or</li> <li>2. HNE can justify to EOHHS, upon request, that: <ol style="list-style-type: none"> <li>a) The extension is in the Member’s interest; and</li> <li>b) There is a need for additional information where: <ol style="list-style-type: none"> <li>i. There is a reasonable likelihood that receipt of such information would lead to approval of the request, if received; and</li> <li>ii. Such outstanding information is reasonably expected to be received within 14 calendar days.</li> </ol> </li> </ol> </li> </ol>	<p>HNE will issue written notice of extension taken by the health plan that includes the reason for extension and informs the HNE Be Healthy Member (and the Member’s appointed Appeals Representative which can be the Member’s provider) of the right to file a Grievance if the Member disagrees with the health plan’s decision to take the 14 day extension.</p> <p>Provide notice verbally to Provider within 24 hours of decision.</p> <p>Provide written notice by end of next business day if approved to the Provider and, if denied, to the Member and the Member’s appointed Appeals Representative which can be the Member’s provider, and the Provider. This letter will outline the appeals process.</p>
<p><b>Expedited Initial Organization Determination</b> - If No Extension</p>	<p>For expedited service authorization decisions where either the Provider indicates or HNE determines that applying the standard timeframe could seriously jeopardize the life</p>	<p>Provide notice verbally to Provider within 24 hours of decision.</p> <p>Provide written notice by end of next</p>

Requested or Needed	<p>or health of the Member or the Member's ability to regain maximum function.</p> <p>HNE must make a decision and provide notice as expeditiously as the Member's health condition requires, but no later than 3 business days after receipt of the request for service.</p>	<p>business day if approved to the Provider and, if denied, to the Member and the Member's appointed Appeals Representative which can be the Provider. This letter outlines the appeals process.</p>
<p><b>Expedited Initial Organization Determination</b> - If Extension Requested or Needed</p>	<p>For expedited service authorization decisions where either the Provider indicates or HNE determines that applying the standard timeframe could seriously jeopardize the life or health of the Member or the Member's ability to regain maximum function.</p> <p>HNE must make a decision and provide notice as expeditiously as the Member's health condition requires, but no later than 3 business days after receipt of the request for service, with a possible extension not to exceed 14 additional calendar days. Such extension only shall be allowed if:</p> <ol style="list-style-type: none"> <li>1. The Member or the Provider requests an extension, or</li> <li>2. HNE can justify to EOHHS upon request that: <ol style="list-style-type: none"> <li>a) The extension is in the Member's interest; and</li> <li>b) There is a need for additional information where: <ol style="list-style-type: none"> <li>i. There is a reasonable likelihood that receipt of such information would lead to approval of the request, if received; and</li> <li>ii. Such outstanding information is reasonably expected to be received within 14 calendar days.</li> </ol> </li> </ol> </li> </ol>	<p>HNE will issue written notice of extension taken by the health plan that includes the reason for extension and informs the Member and the Member's appointed Appeals Representative which can be the Member's provider of the right to file a Grievance if the Member disagrees with that decision.</p> <p>Provide notice verbally to Provider within 24 hours of decision.</p> <p>Provide written notice by end of next business day if approved to the Provider and, if denied, to the Member and the Member's appointed Appeals Representative which can be the Member's provider and the Provider. Notice outlines the appeals process</p>
<b>Concurrent Review</b>	Decisions are made within 24 hours of obtaining all necessary information, but not	Provide notice verbally to provider within 24 hours of decision.

	to exceed 72 hours after the initiation of the concurrent review.	Provide written notice by end of next business day if approved to the Provider and, if denied, to the Member and the Member's appointed Appeals Representative which can be the Member's provider and the Provider. Letter outlines the appeals process.
<b>Modifications</b>	Any decision to authorize a service in an amount, scope or duration that is less than requested. This decision is made following either the initial standard, initial expedited or concurrent timeframe guidelines. This only applies if all parties are not in agreement with the modification (the plan, the provider and the member).	Provide notice verbally to provider within 24 hours of decision.  Provide written notice by end of next business day if approved to the Provider and, if denied, to the Member and the Member's appointed Appeals Representative and the Provider. This letter outlines the appeals process.

## Claims Information

HNE utilizes MassHealth guidelines for system edits for the Be Healthy plan. For information regarding Behavioral Health claims please contact MBHP at 1.800.495.0086.

### Third Party Claim Notice of Overpayment Requirements

Federal law provides that HNE, as a MassHealth Managed Care Organization, pays only for a MassHealth Enrollee's liability remaining after all other third party liability resources have been pursued. Also, federal and state laws require that HNE, as a MassHealth Managed Care Organization, recover inappropriate payments made to providers.

HNE sends a Notice of Overpayment letter to request reimbursement for third party claims paid by HNE in error. Providers should determine the accuracy of the third party payor information included in the Notice of Overpayment.

The following information will be provided as applicable to the third party claim to assist providers to expedite the billing of these claims:

- Third Party Payor
- Claims Billing Address
- Group Number
- Subscriber ID#
- File or Claim Number

HNE Member Services at: 413.788.0123 or 800.786.9999 (TTY: 800.439.2370) Monday – Friday from 8 a.m. to 5 p.m.

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- Date of Injury

In accordance with MassHealth regulations, HNE will conclude that you were overpaid for the amount identified on the HNE notification unless acceptable documentation (i.e. an Explanation of Payment (EOP) statement, denial from the other insurer, etc.) proving that these payments should not be recouped is received from you within 45 calendar days of the HNE notification. If no response is received within 45 calendar days of the date of the notice, HNE will assume you agree with the overpayments and will initiate recovery of the overpayments.

### **Billing for Behavioral Health Screenings (96110)**

HNE pays for the administration and scoring of the standardized behavioral health screening tool, separately from the office visit, when using Service Code 96110 and the appropriate “U” modifier (U1-U8). HNE will deny claims that do not include a “U” modifier with a claim for Service Code 96110, as “Code 8156-“U” modifier required for code 96110”.

### **Non Payment of Services**

As required by EOHHS, HNE Be Healthy will not authorize any providers terminated or suspended from participation in MassHealth, Medicare or from another state’s Medicaid program, to treat Enrollees and shall deny payment to such providers for services provided.

As required by EOHHS, HNE Be Healthy will not contract with, or otherwise pay for any items or services furnished, directed or prescribed by a provider that has been excluded from participation in federal health care programs by the Office of the Inspector General of the U.S. Department of Health and Human Services under either section 1128 or section 1128A of the Social Security Act, or that has been terminated from participation under Medicare or another state’s Medicaid program, except as permitted under 42 CFR 1001.1801 and 1001.1901.

### **Requirements for Medical Records**

All Enrollee medical records, whether paper or electronic, shall, at a minimum:

- a) Be maintained in a manner that is current, detailed, and organized, and that permits effective patient care, utilization review, and quality review.
- b) Include sufficient information to identify the Enrollee, date of encounter, and pertinent information which documents the Enrollee’s diagnosis.
- c) Describe the appropriateness of the treatment/services, the course and results of the treatment/services, and treatment outcomes.
- d) Be consistent with current and nationally accepted professional standards for providing the treatment/services, as well as systems for accurately documenting the following:
  - 1) Enrollee information including, among other things, primary language spoken
  - 2) Clinical information
  - 3) Clinical assessments
  - 4) Treatment plans
  - 5) Treatment/services provided
  - 6) Contacts with the Enrollee’s family, guardians, or significant others
  - 7) Treatment goals and outcomes
- e) Be consistent with commonly accepted standards for medical record documentation, as follows:
  - 1) Each page in the record shall contain the Enrollee’s name or ID number.

- 2) Personal biographical data shall include the address, home telephone, mobile telephone, and work telephone numbers, name of employer, marital status, primary language spoken, and any disabilities, such as visually impaired, hearing impaired, or requires the use of a wheelchair.
  - 3) All entries in the medical record contain the author's identification. Author identification may be a handwritten signature, unique electronic identifier, or initials.
  - 4) All entries shall be dated.
  - 5) The record shall be legible to someone other than the writer.
  - 6) Significant illnesses and medical conditions shall be indicated on the problem list.
  - 7) Medication allergies and adverse reactions shall be prominently noted in the record. If the patient has no known allergies or history of adverse reactions, this is appropriately noted in the record.
  - 8) Past medical history shall be easily identified and include serious accidents, operations, and illnesses. For children and adolescents, past medical history relates to prenatal care, birth, operations, and childhood illnesses.
  - 9) For children, adolescents, and adults, there shall be appropriate notation concerning the use of cigarettes, alcohol, and substances.
  - 10) The history and physical examination shall identify appropriate subjective and objective information pertinent to the patient's presenting complaints.
  - 11) Laboratory and other studies ordered, as appropriate, shall be noted.
  - 12) Working diagnoses shall be consistent with findings.
  - 13) Treatment plans shall be consistent with diagnoses.
  - 14) Encounter forms or notes shall have a notation regarding follow-up care, calls, or visits, when indicated. The specific time of return shall be noted in weeks, months, or as needed.
  - 15) Unresolved problems from previous office visits that are to be addressed in subsequent visits.
  - 16) For children, adolescents, and adults, there shall be appropriate notation for under- or over-utilization of specialty services or pharmaceuticals.
  - 17) If a consultation is requested, there shall be a note from the specialist in the record.
  - 18) Consultation, laboratory, and imaging reports filed in the chart shall be initialed by the practitioner who ordered them, to signify review. (Review and signature by professionals other than the ordering practitioner do not meet this requirement.) If the reports are presented electronically or by some other method, there also shall be representation of review by the ordering practitioner. Consultation and abnormal laboratory and imaging study results have an explicit notation in the record of follow-up plans.
  - 19) There is no evidence that the patient is placed at inappropriate risk by a diagnostic or therapeutic procedure.
  - 20) An immunization record (for children) shall be up to date or an appropriate history has been made in the medical record (for adults).
  - 21) There shall be evidence that preventive screening and services are offered in accordance with the EPSDT Periodicity Schedule or, for individuals over age 21, the Provider's own practice guidelines, including the administration of behavioral health screens in accordance with the terms and conditions of Exhibit C of the Amendment.
- f) For records pertaining to inpatient hospital services, include the following information as set forth in 42 CFR 456.111:
- 1) Identification of the Enrollee;
  - 2) The name of the Enrollee's physician;
  - 3) Date of admission, and dates of application for and authorization of MassHealth benefits if application is made after admission;
  - 4) The plan of care required under 42 CFR 456, *et seq.*;
  - 5) Initial and subsequent continued stay review dates described under 42 CFR 456.128 and 456.133;
  - 6) Date of operating room reservation, if possible;
  - 7) Justification of emergency admission, if applicable;
  - 8) Reason and plan for continued stay, if the attending physician believes continued stay is necessary; and
  - 9) Other supporting material that the Contractor's Utilization Management staff believes appropriate to be included in the record.
- g) For records pertaining to inpatient services in mental hospitals, include the following information as set forth in 42 CFR 456.211:

- 1) Identification of the Enrollee;
- 2) The name of the Enrollee's physician;
- 3) Date of admission, and dates of application for and authorization of MassHealth benefits if application is made after admission;
- 4) The plan of care required under 42 CFR 456.172;
- 5) Initial and subsequent continued stay review dates described under 42 CFR 456.233 and 456.234;
- 6) Reason and plan for continued stay, if the attending physician believes continued stay is necessary; and
- 7) Other supporting material that the Contractor's Utilization Management staff believes appropriate to be included in the record.

## Serious Reportable Events and Never Events

The purpose of this HNE policy is to increase patient safety and promote cost-effective, high quality health care by utilizing national and regional guidelines for the reporting, payment and treatment of Serious Reportable Events and Never Events.

**Definitions:** (for purposes of this policy, the following definitions apply);

- **Serious Reportable Event** - (i) An event that results in a serious adverse patient outcome that is clearly identifiable and measurable, reasonably preventable, and caused by care management (rather than the underlying disease) or (ii) errors that occur from failure to follow standard care or institutional practices and policies.
- **Never Event** - Any wrong procedure(s) performed on the wrong side, wrong body part, or wrong person. These never events are not medically necessary as they are not required to diagnose or treat an illness, injury, disease or its symptoms, and are not consistent with generally accepted standards of medical practice. All never events involving a wrong procedure performed on the wrong side, wrong body part, or wrong person are considered not medically necessary.

The National Quality Forum (NQF), a not-for-profit membership organization created to develop and implement a national strategy for health care quality measurement and reporting, has identified 28 Serious Reportable Events and Never Events in 1 of 6 categories: surgical, product or device, patient protection, care management, environment, and criminal. \* A list of these 28 events will follow this section.

### Reporting:

- All facilities that are required to report a Serious Reportable Event or Never Event to the Massachusetts Department of Public Health (DPH) shall report that event simultaneously to HNE when the event involves an HNE member. The facility shall accomplish this reporting requirement by faxing a copy of the DPH report currently identified in DPH Circular Letter DHCQ-08-07-496 to the HNE Chief Medical Officer at fax number (413) 734-3356. This applies to both the initial 7-day report and the 30-day follow up report.
- In order to identify inefficient care and preventable conditions, all facilities must provide Present on Admission (POA) indicators on all inpatient claims. Failure to indicate POA conditions on an inpatient claim may result in delayed reimbursement or denial of the claim.
- HNE will not publicly disclose information reported under this section unless otherwise required to do so by law, statute, or regulation.

### Reimbursement:

Effective January 1, 2009 HNE will not reimburse for services associated with the following Serious Reportable Events or Never Events:

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\* As of October 31, 2008, and subject to NQF updates.

- Surgery on the wrong body part
- Surgery on the wrong patient
- Wrong surgical procedure
- Retention of foreign object
- Incompatible blood-associated injury
- Air embolism-associated injury
- Medication error injury
- Artificial insemination/wrong donor
- Infant discharged to wrong family

These events are based on nationally acceptable definitions and are consistent with those identified by the Massachusetts Hospital Association (MHA) for which member hospitals have voluntarily agreed not to charge patients or insurers. This list and policy may be amended from time to time.

Providers shall not bill HNE members for charges associated with the Serious Reportable Events and Never Events for which HNE denies reimbursement, and for any subsequent care needed to address the events. Providers shall waive any copayment or deductible due from the HNE member for the admission during which the Serious Reportable Event or Never Event occurred.

HNE shall retract payment for any services after payment has been made if the claim is identified to have met the requirements for non-reimbursement as a Serious Reportable Event or Never Event.

**Scope:**

This policy will be in effect for all facilities, such as hospitals, acute rehabilitation centers, skilled nursing facilities, visiting nurse associations, same day surgery centers, offices, and outpatient locations, both in-network and out-of-network, until such time as HNE deems it prudent to expand the policy to encompass all providers. Notwithstanding the foregoing, upon notification of a Serious Reportable Event or Never Event under HNE’s Chief Medical Officer, Medical Directory and Health Services Department may review the claim(s) to determine whether to extend non-payment to other service professionals (nurse practitioners, anesthesiologist, etc.) involved in the services of said event.

HNE will continue to evaluate and monitor these regulations to determine any additional specifications.

<b>National Quality Forum List of Serious Reportable Events and Never Events*</b>
<b>Surgical Events</b>
Surgery performed on the wrong body part
Surgery performed on the wrong patient
Wrong surgical procedure performed on a patient
Unintended retention of a foreign object in a patient after surgery or other procedure
Intraoperative or immediately post-operative death in an ASA Class 1 patient
<b>Product or Device Events</b>

\* As of October 31, 2008, and subject to NQF updates.

Patient death or serious disability associated with the use of contaminated drugs, devices, or biologics provided by the healthcare facility
Patient death or serious disability associated with the use or function of a device in patient care, in which the device is used or functions other than as intended
Patient death or serious disability associated with intravascular air embolism that occurs while being cared for in a healthcare facility
<b>Patient Protection Events</b>
Infant discharged to the wrong person
Patient death or serious disability associated with patient elopement (disappearance)
Patient suicide, or attempted suicide resulting in serious disability, while being cared for in a healthcare facility
<b>Care Management Events</b>
Patient death or serious disability associated with a medication error (e.g., errors involving the wrong drug, wrong dose, wrong patient, wrong time, wrong rate, wrong preparation, or wrong route of administration)
Patient death or serious disability associated with a hemolytic reaction due to the administration of ABO/HLA-incompatible blood or blood products
Maternal death or serious disability associated with labor or delivery in a low-risk pregnancy while being cared for in a healthcare facility
Patient death or serious disability associated with hypoglycemia, the onset of which occurs while the patient is being cared for in a healthcare facility
Death or serious disability associated with failure to identify and treat hyperbilirubinemia in neonates
Stage 3 or 4 pressure ulcers acquired after admission to a healthcare facility
Patient death or serious disability due to spinal manipulative therapy
Artificial insemination with the wrong donor sperm or wrong egg
<b>Environmental Events</b>
Patient death or serious disability associated with an electric shock or elective cardioversion while being cared for in a healthcare facility
Any incident in which a line designated for oxygen or other gas to be delivered to a patient contains the wrong gas or is contaminated by toxic substances
Patient death or serious disability associated with a burn incurred from any source while being cared for in a healthcare facility
Patient death or serious disability associated with a fall while being cared for in a healthcare facility
Patient death or serious disability associated with the use of restraints or bedrails while being cared for in a healthcare facility
<b>Criminal Events</b>
Any instance of care ordered by or provided by someone impersonating a physician, nurse, pharmacist, or other licensed healthcare provider
Abduction of a patient of any age
Sexual assault on a patient within or on the grounds of the healthcare facility

Death or significant injury of a patient or staff member resulting from a physical assault (i.e., battery) that occurs within or on the grounds of the healthcare facility

If you need to report a Serious Reportable Event or Never Event, please find the form at: [http://hne.com/HNE\\_Providers/forms.html](http://hne.com/HNE_Providers/forms.html).

HNE's serious reportable event and never event policy may be amended from time to time.

### **OIG List of Excluded Individuals/Entities (LEIE)**

Please be advised that HNE and HNE Be Healthy providers are required to review the OIG List of Excluded Individuals/Entities (LEIE) upon initial hiring or contracting and on an ongoing basis to screen employees and contractors, including providers and subcontractors. The purpose of this review is to determine if any such individuals or entities are excluded from participation in federal health care programs. In the event that you discover any of your providers or subcontractors are on the OIG LEIE, you are required to report this to HNE. HNE will then notify EOHHS. You can get to the OIG LEIE at: [http://oig.hhs.gov/exclusions/exclusions\\_list.asp](http://oig.hhs.gov/exclusions/exclusions_list.asp)