

Important!

Important! This information is about your Fallon Health MassHealth benefits. It needs to be translated right away. Fallon can translate it for you. If you need help with translation or other help, call Fallon at 1-855-508-4715.

¡Importante! Esta información es sobre sus beneficios de Fallon Health MassHealth. Necesita traducirse de inmediato. Fallon puede traducírsela. Si necesita ayuda con la traducción, o cualquier otro tipo de ayuda, llame a Fallon al 1-855-508-4715. (SPA)

ສຳຄັນ! ຂໍ້ມູນນີ້ແມ່ນກ່ຽວກັບເງິນຊ່ວຍເຫຼືອ Fallon Health MassHealth ຂອງທ່ານ. ມັນຈຳເປັນຕ້ອງມີການແປພາສາໃນທັນທີ. Fallon ສາມາດແປມັນໃຫ້ທ່ານໄດ້. ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອເລື່ອງການແປພາສາ ຫຼືຄວາມຊ່ວຍເຫຼືອອື່ນ, ໃຫ້ໂທຫາ Fallon ທີ່ເບີ 1-855-508-4715. (LAO)

重要事項! 本資訊與您在Fallon Health MassHealth 的福利有關. 請即刻瞭解其中的內容. Fallon可以為您提供翻譯. 如果您需要他人協助翻譯或需要其他協助, 請致電Fallon , 電話1-855-508-4715.(CHI)

Enpòtan! Enfòmasyon sa yo konsène avantaj Fallon Health MassHealth ou. Nou dwe tradui yo touswit. Fallon kapab tradui yo pou ou. Si ou bezwen èd pou tradiksyon an oswa lòt èd, rele Fallon nan nimewo 1-855-508-4715. (HC)

ព័ត៌មានសំខាន់! ព័ត៌មាននេះគឺស្តីអំពីអត្ថបុរយោជន៍ Fallon Health MassHealth របស់អ្នក។ វាចាំបាច់ត្រូវមានការបកប្រែជាបន្ទាន់។ Fallon អាចបកប្រែជូនអ្នកបាន។ បើអ្នកត្រូវការជំនួយបកប្រែឬជំនួយផ្សេងទៀត សូមហៅទូរសព្ទទៅ Fallon តាមលេខ 1-855-508-4715 (CAM)

Importante! Esta informação se refere aos seus benefícios do programa MassHealth de Saúde da Fallon. Deve ser traduzida imediatamente. A Fallon pode providenciar a tradução para você. Caso necessite ajuda com tradução, ou qualquer outro tipo de ajuda, ligue para a Fallon pelo número 1-855-508-4715. (POR)

Внимание! Это информация о ваших льготах по плану Fallon Health MassHealth. Вам необходимо срочно ознакомиться с этой информацией. Если вам нужен перевод этой информации, Fallon может вам помочь. За помощью с переводом или любой другой помощью обращайтесь в Fallon по телефону 1-855-508-4715. (RUS)

Ważne! Niniejsze informacje dotyczą Państwa świadczeń Fallon Health MassHealth. Muszą one być natychmiast przetłumaczone. Fallon może je dla Państwa przetłumaczyć. Jeśli potrzebują Państwo pomocy w dokonaniu tłumaczenia lub pomocy w innym zakresie, proszę zatelefonować do Fallon na numer 1-855-508-4715. (POL)

Quan trọng! Thông tin này là về các quyền lợi Fallon Health MassHealth của quý vị. Cần được phiên dịch ngay, Fallon có thể phiên dịch cho quý vị. Nếu quý vị cần giúp đỡ về phiên dịch hay công việc nào khác, xin gọi cho Fallon theo số 1-855-508-4715. (VTN)

مهم! هذه المعلومات هي حول منافع Fallon Health MassHealth. يجب أن يتم ترجمتها فوراً. يمكن لـ Fallon ترجمتها لك. إذا احتجت إلى مساعدة في الترجمة أو في أي نوع آخر من المساعدة، فيرجى الاتصال بـ Fallon على الرقم 1-855-508-4715

(ARA).

Important ! Ces informations concernent vos prestations auprès de Fallon Health MassHealth. Elles doivent être traduites immédiatement. Fallon peut les traduire pour vous. Si vous avez besoin d'aide pour la traduction ou de toute autre aide, appeler Fallon au 1-855-508-4715. (FRN)

Importante! Queste informazioni riguardano i Suoi benefici Fallon Health MassHealth. Devono essere tradotte immediatamente. Fallon può tradurle per Lei. Se Le servisse aiuto per la traduzione o altro tipo di assistenza, contatti Fallon al numero 1-855-508-4715. (ITA)

중요 사항! 본 정보는 Fallon Health MassHealth의 혜택에 관한 내용입니다. 바로 번역이 필요합니다. Fallon에서 번역을 제공해드릴 수 있습니다. 번역에 도움이 필요하시거나 다른 도움이 필요하시면 Fallon에 1-855-508-4715번으로 전화해 주십시오. (KOR)

Σημαντικό! Αυτές οι πληροφορίες αφορούν τα πλεονεκτήματα της Fallon Health MassHealth. Πρέπει να μεταφραστούν άμεσα. Η Fallon μπορεί να τις μεταφράσει για εσάς. Αν χρειάζεστε βοήθεια με τη μετάφραση ή άλλη βοήθεια, καλέστε τη Fallon στο 1-855-508-4715. (GRK)

महत्वपूर्ण! यह जानकारी आपके Fallon Health MassHealth के लाभों के बारे में है। इस के अनुवाद की तुरंत आवश्यकता है। Fallon आप के लिए इस का अनुवाद कर सकता है। यदि आप को अनुवाद या अन्य सहायता की आवश्यकता है तो Fallon को 1-855-508-4715 पर काल करें। (HIN)

મહત્વપૂર્ણ! આ માહિતી તમારા Fallon Health MassHealth ના ફાયદાઓ વિશે છે. તેનો યોગ્ય રીતે અનુવાદ કરવાની જરૂર છે. Fallon તમારા માટે તે અનુવાદ કરી શકે છે. તમને અનુવાદ અથવા અન્ય કોઈ મદદની જરૂર હોય તો 1-855-508-4715 પર Fallon ને ફોન કરો. (GUJ)

Notice of nondiscrimination

Fallon Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Fallon does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Fallon Health:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Customer Service at the phone number on the back of your member ID card, or by email at cs@fallonhealth.org.

If you believe that Fallon Health has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with:

Compliance Director
Fallon Health
10 Chestnut St.
Worcester, MA 01608

Phone: 1-508-368-9988 (TRS 711)
Email: compliance@fallonhealth.org

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, the Compliance Director is available to help you.

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

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

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

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

MassHealth

Member Handbook

A list of your member benefits and services (*Covered and Excluded Services List*) is considered part of the *MassHealth Member Handbook*; however, this is in your packet as a separate document. Please make sure you keep this list with your *MassHealth Member Handbook*.



INTRODUCTION

Welcome to Wellforce Care Plan for MassHealth members

As a member of MassHealth, you have chosen to join Wellforce Care Plan. Wellforce Care Plan is a MassHealth Accountable Care Organization (ACO) Partnership Plan. It is made up of the Wellforce Care Plan ACO and Fallon Health. The Wellforce ACO is a group of hospitals and providers who have agreed to work closely together to take good care of you and your family. Fallon Health is a leading health care services company that has been caring for MassHealth members for more than 40 years.

This *Member Handbook* will help you understand the benefits and Covered Services you get as a Plan member. It will also explain how to contact us if you have any questions.

This *Member Handbook* is also available in Spanish; large print and other alternate formats like Braille if you call Fallon's Customer Service Department at 1-855-508-4715. You can also call this number to have this *Member Handbook* read to you in English or in other languages. English and Spanish versions of this *Member Handbook* are also available on our website at fallonhealth.org/masshealth.

Este *Manual del Miembro* está también disponible en español en letra grande y en otros formatos alternativos como Braille si llama al Departamento de Servicio al Cliente de Fallon al 1-855-508-4715. También puede llamar a este número para que le lean este *Manual del Miembro* en inglés o en otros idiomas. Versiones en español y Inglés de este Manual para Miembros también están disponibles en nuestra página web fallonhealth.org/masshealth.



1-855-508-4715

If you are deaf or hard of hearing, please call

TRS 711

Monday through Friday, 8 a.m. to 6 p.m.

To learn about Fallon and your other health plan options, call the MassHealth Customer Service Center at 1-800-841-2900 (TDD/TTY for hearing impaired: 1-800-497-4648) Monday through Friday, 8 a.m. to 5 p.m. or visit [MassHealth Choices.com](http://MassHealthChoices.com)

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Definitions

Accountable Care Organizations (ACOs): An ACO is a health plan that's accountable to provide quality care and help you meet your goals. ACOs have groups of primary care providers (PCPs) and other providers. They work together to meet your overall health care needs.

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

- Fallon denied or approved a limited service your doctor requested
- Fallon reduced, suspended or ended coverage that Fallon had already approved
- Fallon did not pay for a Fallon-covered service
- Fallon did not resolve your service authorization request within the required time frames. Please see the **Making authorization decisions** section of this *Member Handbook* to learn more about our time frames.
- You could not get health care services within the time frames described in the **How long should you wait to see a health care provider?** section of this *Member Handbook*
- Fallon did not act within the time frames for reviewing an Internal Appeal and giving you a decision
- **Ancillary Services** are tests, procedures, imaging and support services (such as laboratory tests and radiology services) you get in a health care setting that help your Provider diagnose and/or treat your condition.

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

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

- a) Physician;
- b) Family member;
- c) Legal counsel;
- d) Guardian;
- e) Conservator;
- f) Holder of Power of Attorney;
- g) Health care agent; or
- h) Community advocacy group.

An **Authorized Representative** is someone you give written permission to act on your behalf regarding a specific Grievance, Grievance Decision Review or Appeal. If you can't pick an Authorized Representative, your Provider, a guardian, conservator or holder of a power of attorney may be your Authorized Representative. You can give your Authorized Representative a standing authorization to act on your behalf if you make this request in writing. This standing authorization will continue until you cancel it. If you are a minor and you are able by law to give permission for a medical procedure, you may appeal our denial of the medical procedure, you may appeal our denial of the medical procedure without permission from a parent or guardian. In that case, you can also pick an Authorized Representative without permission from a parent or guardian.

Authorized Representative Form is a legal document that tells us you have given someone written permission to act on your behalf as described above.

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

Fallon Health Customer Service: 1-855-508-4715 (TRS 711) Monday through Friday, 8 a.m. to 6 p.m.

Beacon Health Options Customer Service: 1-888-877-7183 (TDD/TTY: 1-781-994-7660) 24 hours a day, seven days a week.

MassHealth Customer Service 1-800-841-2900 (TTY: 1-800-497-4648) Monday through Friday, 8 a.m. to 5 p.m.

Definitions

Benefit Year: is the annual cycle in which your health plan operates. This is the calendar year for Wellforce Care Plan members.

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

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

Care Management (and Integrated Care Management): is how we regularly evaluate, coordinate and help you with your medical, Behavioral Health (mental health and/or substance use disorder) and/or social care health needs. Through Care Management, we do our best to make sure you can get high-quality, cost effective and appropriate care; get information about disease prevention and wellness; and get and stay healthy.

A **Claim** is a bill your Provider sends us to ask us to pay for services that you receive.

Care needs screening form: A form that you fill out when you join the plan. It is a summary of your medical history and your current concerns.

Community Partners (CPs): Community based organizations that are certified by EOHHS. They provide care coordination and support to help their assigned members navigate the complex systems of medical services, Behavioral Health services, Long Term Services and Support (LTSS) and social services.

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

Co-payment Cap: is the limit on the Co-payments a pharmacist can charge you each calendar year (January 1- December 31).

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

Disenrollment: the process by which a Member's coverage ends.

Eligibility: whether or not you qualify for MassHealth benefits.

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

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

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Definitions

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

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) - The delivery of health care services to MassHealth Standard/CommonHealth members under the age of 21. See the **Health care for your children** section of this *Member Handbook* for more information on EPSDT services.

Fair Hearing: another term for a Board of Hearings (BOH) External Review.

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

Family-planning Services: services you can get from a family-planning Provider and your Primary Care Provider (PCP) without a Referral. Examples of Family-planning Services include birth control methods, exams, counseling, pregnancy testing and some lab tests.

Fraud: when someone dishonestly gets services or payment for services but doesn't have a right to them under MassHealth or Fallon Health Plan rules. An example of Fraud is Members lending their health plan Member ID Cards to other people so they can get health care or pharmacy services.

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

Hospice Services: services designed to meet the needs of members who are certified with a terminal illness and have a life expectancy of six months or less, if the illness runs its normal course. Hospice Services include routine Hospice care, continuous home care, inpatient respite care and general inpatient care.

In-network Provider: A Provider out health plan contracts with to provide Covered Services to Members.

Internal Appeals: Oral or written requests for our health plan to review an Adverse Action.

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

MassHealth: The medical assistance or benefits programs (also known as Medicaid) that the Executive Office of Health and Human Services (EOHHS) manages.

Member Handbook: is this document that describes the Covered Services you get with our health plan. It is our agreement with you and includes any riders, amendments or other documents that add to the details of Covered Services.

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

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

MassHealth network provider: A group of health care providers like doctors, hospitals and other health care facilities that are contracted with Fallon to provide covered services to you.

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Definitions

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

Member Identification Card (Member ID Card) is the card that identifies you as a Member of our health plan. Your Member ID Card includes your name and Member ID number. You must show it and your MassHealth ID Card to Providers and pharmacists before you get services. If you lose your Member ID Card, or if someone steals your Member ID Card, call us to get another one.

Network or **Provider Network** is the collective group of Providers who have contracted with Fallon Health to provide Covered Services.

Ombudsman: An independent organization that can help address issues you have with the ACO, such as problems enrolling or getting services. This organization is hired by EOHHS.

An **Out-of-network Provider** is a provider that we don't contract with to provide Covered Services to Members.

Plan specialist: A licensed specialty physician or other specialty health care professional in the Wellforce Care Plan network, with whom we contract to provide health care services to members. A specialist typically has a practice concentrated in a specific field of medicine in which a primary care physician may not have specialized training.

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

Preventive Care includes a variety of services for adults and children, such as annual physicals, blood pressure screenings, immunizations, behavioral assessments for children and many other services to help keep you healthy.

Primary care provider (PCP): Your main provider of care. This provider specializes in internal medicine, family practice or pediatrics and helps you coordinate your care with specialists, coordinate your prescriptions and other services, if needed.

Prior authorization: Sometimes you need to get approval before getting a service in order for it to be covered. This is called prior authorization. This is done to ensure that our members are receiving the right care for the right diagnosis.

When your service needs prior authorization, your doctor puts in the request and the plan reviews it and decides whether or not the service will be covered. If it is denied and you get the service, the plan will not pay for it and you will be responsible for the cost.

Only some services require prior authorization. Please see the **Making authorization decisions** section of this *Member Handbook* to learn more about this process.

Protected Health Information (PHI): Any information (oral, written or electronic) about your past, present or future physical or mental health or condition, or about your health care or payment for your health care. PHI includes any health information that a person could use to identify you.

A **Provider** is an appropriately credentialed and licensed individual, facility, agency, institution, organization or other entity that has an agreement with Fallon Health Plan, or its subcontractor, to deliver the Covered Services under this contract.

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Beacon Health Options Customer Service: 1-888-877-7183 (TDD/TTY: 1-781-994-7660) 24 hours a day, seven days a week.

MassHealth Customer Service 1-800-841-2900 (TTY: 1-800-497-4648) Monday through Friday, 8 a.m. to 5 p.m.

Definitions

The **Provider Directory** is a publication that lists contracted health care facilities and professionals, including Primary Care Providers (PCPs), Specialists listed by specialty, Hospitals, emergency rooms and Emergency Services Program (ESP) Providers, pharmacies, Ancillary Services, Behavioral Health (mental health and/or substance use disorder) services and school-based health centers. You can call us at **1-855-508-4715**.

Referral: A recommendation from your primary care provider to see another provider for specialty services. For some services, you cannot see a specialty provider without first getting a referral from your primary care provider.

A **Region** is the area where you live and where you should pick your Primary Care Provider (PCP).

Service Area: is the geographic area in which our health plan has developed a Network of Providers to provide adequate access to Covered Services for Members.

A **Specialist** is a Provider who is trained to provide specialty medical services, such as cardiologists (heart doctors), obstetricians (doctors who take care of pregnant women) and dermatologists (skin doctors).

Substance use disorder services: Evaluation and treatment of substance use disorders.

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

Wellforce Care Plan service area: This is the list of cities and towns you must live in to be eligible to enroll in Wellforce Care Plan. The complete list of the cities and towns can be found on page 9 of this *Member Handbook*.

Fallon Health Customer Service: 1-855-508-4715 (TRS 711) Monday through Friday, 8 a.m. to 6 p.m.

Beacon Health Options Customer Service: 1-888-877-7183 (TDD/TTY: 1-781-994-7660) 24 hours a day, seven days a week.

MassHealth Customer Service 1-800-841-2900 (TTY: 1-800-497-4648) Monday through Friday, 8 a.m. to 5 p.m.

What is Wellforce Care Plan?

Wellforce Care Plan is a MassHealth Accountable Care Organization (ACO) Partnership Plan. It is made up of the Wellforce Care Plan ACO and Fallon Health. The Wellforce ACO is a group of hospitals and providers who have agreed to work closely together to take good care of you and your family.

Information about your membership

Enrollment

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

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

Voluntary disenrollment

You may request to end your coverage with Wellforce Care Plan. To find out if you can disenroll from Wellforce Care Plan, call the MassHealth Customer Service Center at 1-800-841-2900 (TTY: 1-800-497-4648). Their hours of operation are from 8 a.m. to 5 p.m., Monday through Friday. Voluntary disenrollments are effective one (1) business day after Fallon receives the request from MassHealth.

After disenrollment, Fallon will continue to provide coverage for:

- Covered services through the date of disenrollment
- Any custom-ordered equipment approved prior to disenrollment, even if not delivered until after disenrollment.

Membership disenrollment for loss of eligibility

In the event that you become ineligible for MassHealth coverage, MassHealth will disenroll you from Wellforce Care Plan. You will no longer be eligible for coverage by Wellforce Care Plan as of your MassHealth disenrollment. You may automatically be re-enrolled in Wellforce Care Plan if you become eligible again. The effective date of re-enrollment is determined by MassHealth.

Membership disenrollment for cause

There may be instances when Fallon may submit a written request to MassHealth to disenroll a member from Wellforce Care Plan.

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

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

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Section 1: Overview of Wellforce Care Plan's Membership

Your MassHealth Coverage

You must be MassHealth eligible in order to be covered by Wellforce Care Plan. Most people have to have their MassHealth eligibility re-determined every year. So make sure you immediately fill out and return your Pre-populated MassHealth renewal form to MassHealth when you get it in the mail. If you need another form or help filling out the form, call Fallon's Customer Service, or call the MassHealth Customer Service center. The numbers are at the bottom of every page of this handbook.

Don't lose your enrollment with Wellforce Care Plan

To make sure you do not become disenrolled, renew your MassHealth coverage every year. Some members are auto-renewed each year. However, if an application cannot be auto-renewed, the head of household will be sent a pre-populated form 10 or 11 months from the date of the last application. A response is due in 45 days and can be done in several ways (online, mail, phone, in-person). If you do not receive a form, contact MassHealth's Customer Service Center at 1-800-841-2900 (TDD/TTY: 1-800-497-4648) between 8 a.m. and 5 p.m., Monday through Friday. Or go to MAhealthconnector.org to login to your online account, if you have one, to access your information. Call MassHealth Customer Service if you want help accessing your account for the first time. You can also get more information at www.fallonhealth.org/Wellforce regarding the renewal process. If you have questions about how to fill out the form, Fallon or MassHealth should be able to help you. You should also contact MassHealth and Fallon if there are changes in your address, phone, or status changes such as a birth in the family.

When you become a member

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



Wellforce care plan

Member Identification Card (ID)

Every Wellforce Care Plan member receives a Wellforce Care Plan Member Identification Card (ID). Please check your ID card to make sure the information is correct. If it is not correct, or if you did not get a card, please call Fallon Customer Service. *(Remember: If you change your address and phone number, you need to call MassHealth Customer Services first and then Fallon Customer Service so we can update your information.)*

Fallon Health Customer Service: 1-855-508-4715 (TRS 711) Monday through Friday, 8 a.m. to 6 p.m.

Beacon Health Options Customer Service: 1-888-877-7183 (TDD/TTY: 1-781-994-7660) 24 hours a day, seven days a week.

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Section 1: Overview of Wellforce Care Plan's Membership

Your card also shows important phone numbers. It also explains what to do when you need urgent or emergency care. See the **Emergency care** and **Urgent care** sections of this *Member Handbook* for more information about urgent and emergency care.

Lost your member ID card?

To replace your card, call Fallon Customer Service at 1-855-508-4715 (TRS 711) any time between 8 a.m. and 6 p.m., Monday through Friday. You can also order a new ID card from our website: fallonhealth.org/Wellforce. To replace your MassHealth ID card, call MassHealth Customer Service at 1-800-841-2900 or TDD/TTY: 1-800-497-4648, Monday through Friday, 8 a.m. to 5 p.m.

Even if you do not have your card, a healthcare provider should never deny you care. If a provider refuses to treat you, have him or her call Fallon Customer Service. We will verify your eligibility for the provider. Or you may call Fallon Customer Service yourself.

New Member orientation

Fallon will contact you to welcome you to the Plan and go over all your benefits so you understand how to use them. This is also a good time for you to ask any questions you may have about your coverage. If we cannot reach you, please call Fallon Customer Service and a representative will be happy to speak with you. To make sure we can reach you, always call Fallon Customer Service and MassHealth Customer Service if you change your address or phone number. If you do not keep MassHealth up to date on your contact information, you could lose your MassHealth and Wellforce Care Plan eligibility. You can find contact information at the bottom of every page in this handbook.

Coverage if you change(d) Plans

Please note: If you change to Wellforce Care Plan from another MassHealth Plan, and you have already begun treatment, such as ongoing maternity care, with a Provider that is not contracted with Fallon, we will review that treatment. Fallon has a 30 day continuity of care policy to minimize disruption of care and ensure uninterrupted access to Medically Necessary Services. This applies to all newly enrolled MassHealth ACO enrollees. In addition, Fallon Health will allow pregnant MassHealth Enrollee who enrolls with Fallon Health in their second or third trimester of pregnancy to remain under the care of the Enrollee's current OB/GYN provider (even if out-of-network) through the delivery of the child, immediate postpartum care, and the follow-up checkup within the first 6 weeks of delivery. Also, if Fallon does not have a network Provider that is able to treat your medical condition, Fallon will authorize an out-of-network Provider for you.

What to do if you need a translator or interpreter

Fallon offers free translation services for our non-English-speaking members. If you need assistance translating any written Fallon materials, contact Fallon's Customer Service Department at 1-855-508-4715. All written materials are available in Spanish; large print and other alternate formats like Braille. Fallon will translate written materials into other languages over the phone.

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

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Section 1: Overview of Wellforce Care Plan's Membership

Wellforce Care Plan service area

Please note: When you are outside the Wellforce Care Plan service area, you are only covered for emergency services and urgent care services.

The Wellforce Care Plan service area includes the following:

All cities and towns in Barnstable, Norfolk, and Suffolk Counties

All cities and towns in Essex County with the exception of Essex, Gloucester, Ipswich, and Rockport.

All cities and towns in Middlesex County with the exception of Ashby, Ayer, Groton, Pepperell, Shirley, and Townsend.

All cities and towns in Plymouth County with the exception of Lakeville, Marion, Mattapoisett, Middleboro and Rochester.

The Bristol County includes the following cities and towns: Attleboro, Chartley, East Mansfield, Easton, Mansfield, North Attleboro, North Easton, Norton and South Easton.

The Worcester County includes the following cities and towns:

Blackstone
Douglas
East Douglas
Grafton
Hopedale
Linwood
Manchaug
Mendon
Milford
Millville
North Grafton
Northborough
Northbridge
Oakdale
South
Grafton
Southborough
Sutton
Upton
Uxbridge
West Upton
Westborough
Whitinsville
Wilkinsonville

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How to contact Wellforce Care Plan

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

Fallon Health
10 Chestnut St.
Worcester, MA 01608
1-800-341-4848 (TRS 711)
fallonhealth.org/Wellforce

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

If you need to speak with someone about behavioral health (mental health or substance abuse) care, you can call Beacon Health Options, Fallon's behavioral health provider at 1-888-877-7183, twenty-four (24) hours a day, seven (7) days a week.

Fallon Health Customer Service: 1-855-508-4715 (TRS 711) Monday through Friday, 8 a.m. to 6 p.m.

Beacon Health Options Customer Service: 1-888-877-7183 (TDD/TTY: 1-781-994-7660) 24 hours a day, seven days a week.

MassHealth Customer Service 1-800-841-2900 (TTY: 1-800-497-4648) Monday through Friday, 8 a.m. to 5 p.m.

We'll help you pick a primary care provider (PCP)

Every Wellforce Care Plan member needs to have a primary care provider (PCP). You will need to pick a PCP who is associated with Wellforce Care plan. The PCP has to be part of Wellforce, not just contracted with Fallon. Call us if you need help choosing a PCP. If you do not pick a PCP, Fallon will choose one for you within 15 days of your effective date of enrollment in the Plan. You can change your PCP at any time. If you already have a PCP when you call, we will verify to make sure that we have the correct information for our records. To help you choose your PCP, please refer to the *Wellforce Care Plan Provider Directory*, which contains information about all of the PCPs in Wellforce Care Plan network. The *Provider Directory* can be found online at www.fallonhealth.org/Wellforce.

A PCP is a doctor or nurse practitioner who takes care of your health and will help you get the care that you need.

Here is what your PCP can do for you:

- Treat you for your basic healthcare problems
- Give you regular check-ups and healthcare screenings
- Refer you to other providers if you have specialty care needs
- Admit you to the hospital when necessary
- Keep your medical records
- Provide you with referrals before you receive treatment
- Refer you for Behavioral Health Services when needed

You can call your PCP's office, after hours, if you have a health problem. There is always a PCP on call for you, 24 hours a day, and seven days a week.

There are different kinds of PCPs:

- Family practice PCPs treat adults and children and will sometimes provide women's health services if you are pregnant.
- Internal medicine PCPs (or "internists") treat adults over the age of 17.
- Pediatric PCPs treat children up to the age of 21 years.
- OB/GYN (for women only) - A provider with an OB/GYN specialty

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

To pick a PCP, just call a Fallon Customer Service Representative at 1-855-508-4715 (TRS 711). A Customer Service Representative can tell you more information about the PCPs in the Wellforce Care Plan network (including which ones speak your language) and can also answer any questions you have and tell you about other services Fallon offers to help you stay healthy.

If you would like a copy of the *Wellforce Care Plan Provider Directory*, call a Fallon Customer Service Representative at the number above. You can also visit fallonhealth.org/Wellforce to search for providers online. Simply click on "Find a doctor", and in the Advanced search section, select MassHealth in the "Search a specific plan's network".

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Changing your PCP

You can change your PCP at any time for any reason by calling a Fallon Customer Service Representative. You can also visit fallonhealth.org/Wellforce to search for providers online. Simply click on “Find a doctor”, and in the Advanced search section, select MassHealth in the “Search a specific plan’s network.” Enrollment with the new PCP shall be effective the next business day.

Your PCP is someone you can trust

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

Make an appointment to see your PCP

When you want to see your PCP, call your PCP during his or her office hours and schedule an appointment. For your PCP’s office hours, check the *Wellforce Care Plan Provider Directory* or call Fallon’s Customer Service Department at the number below.

It is up to you to make appointments for checkups and other types of regular care. If you need to change or cancel your appointment, call the provider’s office right away.

If you have any problems with your provider appointments, you should call Fallon’s Customer Service Department at 1-855-508-4715 (TRS 711). For more information on our access standards, please refer to the **How long should you wait to see a health care provider?** section of this *Member Handbook*.

Listen to your PCP

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

Your PCP will also tell you about health classes you can take to keep you and your family healthy. You can also refer to the Fallon programs available to you. For more information, refer to the **Health and Wellness** section of this *Member Handbook*.

If you get sick, always call your PCP first unless it is an emergency

When you get sick, you must call your PCP first before getting any treatment, unless it is an emergency. See the **Emergency care** section of this *Member Handbook* for some examples of emergencies.

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

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

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Referrals to specialists

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

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

Remember, whenever possible, your PCP will refer you to a specialist who is a Wellforce Care Plan network provider. In some cases, such as when the type of specialty that your condition requires is not available from a Wellforce Care Plan network provider or not available within any of the Fallon networks, your PCP will need to **Request an authorization** from Fallon for you to see a provider outside of the Wellforce Care Plan network. See below (the **Self-referral** section) to learn more about services that do not require a referral.

For more information about our authorization process, refer to the “**Making authorization decisions**” section of this *Member Handbook*. Fallon will not cover any specialty services you get outside the Wellforce Care Plan provider network that were not authorized by Fallon prior to your appointment.

Self-referral

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

Services you can self-refer for include:

- Office visit with a Wellforce Care Plan network obstetrician, gynecologist, certified nurse midwife or family practitioner, including annual preventive gynecological health examination and any subsequent gynecological services determined to be necessary as a result of such examination; This also includes maternity care.
- Family planning services at any Wellforce Care Plan or MassHealth contracted family planning provider. This includes birth control methods as well as exams, counseling, pregnancy testing and some lab tests. You may also see your PCP for family planning services. Call Fallon Customer Service at 1-855-508-4715 if you need help finding a provider for family planning services.
- Routine eye exams with a Wellforce Care Plan network ophthalmologist or optometrist. For information on the number of eye exams that are covered, see the enclosed *Covered and Excluded Services List*.
- Outpatient behavioral health services with network providers. For assistance finding a network provider, call 1-888-877-7183 (TDD/TTY: 1-781-994-7660) or refer to your *Wellforce Care Plan Provider Directory*.

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Emergency care

Whether you have a medical Emergency or a Behavioral Health Emergency, you should seek immediate care when there's no time to call your healthcare Provider.

What is an “emergency medical condition”?”

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

Examples of a medical emergency include:

- chest pain
- difficulty breathing
- broken bones
- severe bleeding or head trauma
- poisoning or drug overdoses
- loss of consciousness

What to do if you need emergency medical care

If you are very sick or hurt very badly, you need to get help quickly. Call 911 right away or go to the nearest emergency room. You can get emergency care and emergency transportation to that care any time during the day or night anywhere you are. The emergency room does not need to be part of Wellforce Care Plan's provider network. Emergency rooms are usually located in any hospital. You are also covered for post-stabilization care services (follow-up care) that are related to an emergency. See the **Your PCP will help manage and follow up on your emergency care** section on the next page.

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

For behavioral health (mental health and/or substance use) emergencies, call your local emergency services program (ESP). **Statewide ESP Toll-Free Number 1-877-382-1609.** ESP's provide emergency behavioral health evaluation, crisis intervention, and stabilization services. You may also call 911 or go to the local emergency room.

Examples of mental health emergencies include;

- Thoughts of hurting yourself;
- Thoughts of hurting others.
- Hallucinations

You can find a statewide list of emergency rooms and emergency services programs in the *Wellforce Care Plan Provider Directory*. You can also visit fallonhealth.org/Wellforce to search for providers online.

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

Only use an emergency room or an ambulance if you think you are having a real emergency.

Your PCP will help manage and follow up on your emergency care

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

Urgent care

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

Nurse Connect

As a member of Wellforce Care Plan, you have phone and online access to registered nurses and other health care professionals who serve as health coaches. This service is available 24-hours a day, seven days a week.

Nurse Connect provides you with:

- Personal education and support
- Educational materials relevant to a diagnosis or condition (mailed right to your home)
- Assistance with finding additional health information online
- And more!

You can call Nurse Connect at 1-800-609-6175 (TDD/TTY: 1-800-848-0160). As always, remember to contact your Primary Care Physician with any health concerns that you may have.

Fallon Health Customer Service: 1-855-508-4715 (TRS 711) Monday through Friday, 8 a.m. to 6 p.m.

Beacon Health Options Customer Service: 1-888-877-7183 (TDD/TTY: 1-781-994-7660) 24 hours a day, seven days a week.

MassHealth Customer Service 1-800-841-2900 (TTY: 1-800-497-4648) Monday through Friday, 8 a.m. to 5 p.m.

Teladoc

As a member of Wellforce Care Plan, you can speak with a doctor via phone, video or mobile device 24 hours a day, 7 days a week. Your Teladoc® doctor can treat non-emergency health issues like cold and flu symptoms, respiratory and sinus infections and skin problems. They will also prescribe short-term medications when medically appropriate. If you would like more information regarding Teladoc, contact Fallon Customer Service at 1-855-508-4715.

Getting care when you travel

When members are away from home, Wellforce Care Plan will cover only emergency, post-emergency and Urgent Care services.

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

Be sure to take care of your **routine health care needs before you travel because they are not covered outside of Wellforce Care Plan's service area.** The following are examples of care that are NOT covered while you are traveling:

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

A provider may ask you to pay for care received outside of Wellforce Care Plan's service area at the time of emergency or urgent care service. You can tell the provider to contact Fallon directly for payment. If you do get a bill for any emergency, post-stabilization or urgent care service that you received while outside of Wellforce Care Plan's service area, you can submit the bill to Fallon for reimbursement.

For information on what to do when you get a bill, see the **If you get a bill** section of this *Member Handbook*.

Behavioral health (mental health and/or substance use) services

Wellforce Care Plan members have access to a full range of Behavioral Health (mental health and/or substance use) services. Beacon Health Options is our behavioral health (mental health and/or substance use) services partner.

Some examples of these services are:

- Individual, group or family counseling
- Methadone treatment

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

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Beacon Health Options Customer Service: 1-888-877-7183 (TDD/TTY: 1-781-994-7660) 24 hours a day, seven days a week.

MassHealth Customer Service 1-800-841-2900 (TTY: 1-800-497-4648) Monday through Friday, 8 a.m. to 5 p.m.

Section 2: Your Primary Care Physician (PCP)

If you or a family member needs Behavioral Health (mental health and/or substance use) Services, you may choose any provider in Wellforce Care Plan's Behavioral Health (mental health and/or substance use) network. You can make the appointment on your own or call Beacon Health Options at 1-888-877-7183 (TDD/TTY: 1-781-994-7660), 24 hours a day, to help you find a Provider and help you set up a first appointment. You may also ask for assistance from your primary care provider, Community Service Agency, other providers, family members or guardian.

For more information about Wellforce Care Plan's Behavioral Health (mental health and/or substance use) network providers, you or your representative can refer to the Behavioral Health (mental health and/or substance use) section of the *Wellforce Care Plan Provider Directory*, call Beacon Health Options at 1-888-877-7183, or call Fallon Customer Service at 1-855-508-4715. You can access the *Wellforce Care Plan Provider Directory* online at fallonhealth.org/Wellforce or call to request a hard copy.

Fallon Health Customer Service: 1-855-508-4715 (TRS 711) Monday through Friday, 8 a.m. to 6 p.m.

Beacon Health Options Customer Service: 1-888-877-7183 (TDD/TTY: 1-781-994-7660) 24 hours a day, seven days a week.

MassHealth Customer Service 1-800-841-2900 (TTY: 1-800-497-4648) Monday through Friday, 8 a.m. to 5 p.m.

Making authorization decisions

Certain types of services and requests to see providers outside of the Wellforce Care Plan network must be authorized in advance to be covered. The *Covered and Excluded Services List* insert to this *Member Handbook* shows which services require prior authorization and/or a referral from your PCP. The *Covered and Excluded Services List* can also be viewed online at fallonhealth.org/Wellforce.

For more information about requesting prior authorization for Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services, see the **Health care for your children** section of this *Member Handbook*.

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

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

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

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

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

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MassHealth Customer Service 1-800-841-2900 (TTY: 1-800-497-4648) Monday through Friday, 8 a.m. to 5 p.m.

Section 3: Making authorization decisions

If Fallon does not act within these time frames, you may file an Appeal with the Member Appeals and Grievances Department by calling 1-800-333-2535. For more information about the Appeal process, refer to the **How to file complaints, compliments, inquiries, grievances and appeals** section of this *Member Handbook*.

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

If we do not authorize any of the service(s) requested, authorize only some of the service(s) requested, or do not authorize the full amount, duration or scope of service(s) requested, we will send you and your provider a denial or modification (change) letter. Fallon will not pay for any services that were not authorized. Fallon will also send you and your provider a notice if we decide to reduce, suspend, or terminate previously authorized service(s). If you disagree with any of these decisions, you can file an Appeal with the Member Appeals and Grievances Department by calling 1-800-333-2535. For information on filing an Appeal see the **How to file complaints, compliments, inquiries, grievances and appeals** section of this *Member Handbook*.

When prior authorization is needed for other services

In addition to prior authorization needed to see certain network specialists, there are other services that must be authorized in advance by Wellforce Care Plan, MassHealth, or Beacon Health Options in order for these services to be covered. (Beacon Health Options is responsible for authorizing Behavioral Health (mental health and substance use) services for members). The *Covered and Excluded Services List* shows the services that require prior authorization and/or a referral from your PCP. Your provider must submit a request for those services to Wellforce Care Plan, Beacon Health Options (for Behavioral Health Services), or MassHealth.

Utilization Management

Utilization Management is a process used by qualified Fallon staff to make sure you are getting the right healthcare when you need it. Fallon's Utilization Review uses doctors and nurses to look at the healthcare members received. If they determine the services were medically necessary, Fallon will contact your provider to inform them of the decision.

Transportation assistance

As a benefit from MassHealth, some Wellforce Care Plan MassHealth members may be eligible for non-emergency transportation to go to covered healthcare visits. This benefit is administered directly by MassHealth. However, Fallon assists members to obtain the transportation. In order to be eligible for this benefit you must meet one or more of the following criteria.

1. You do not have a family member or other person who can take you.
2. You do not have access to public transportation, or there is a medical reason that you cannot use it.
3. Your appointment must be for a medically necessary service.
4. You must see a MassHealth provider.

For more information, contact Customer Service. You should contact the Plan well in advance of your appointment so we can process your request.

Fallon Health Customer Service: 1-855-508-4715 (TRS 711) Monday through Friday, 8 a.m. to 6 p.m.

Beacon Health Options Customer Service: 1-888-877-7183 (TDD/TTY: 1-781-994-7660) 24 hours a day, seven days a week.

MassHealth Customer Service 1-800-841-2900 (TTY: 1-800-497-4648) Monday through Friday, 8 a.m. to 5 p.m.

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

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

Medical care

- Emergency services – immediately from an emergency room or other health care provider of Emergency Services on a twenty-four (24)-hour basis, seven (7) days a week. You are also covered for ambulance transportation and post-stabilization care services that are related to an emergency
- Urgent Care – within forty-eight (48) hours of your request for an appointment.
- Primary care
 - non-urgent, symptomatic care – within ten (10) calendar days of your request for an appointment, for example, when you need an appointment with your PCP because you have cold-like symptoms.
 - non-symptomatic care – within forty-five (45) calendar days of your request for an appointment, for example, when you contact your PCP to schedule a physical.
- Specialty care
 - within 48 hours of your request for urgent care
 - non-urgent, symptomatic care – within thirty (30) calendar days of your request for an appointment, for example, when you need to see a specialist for an enlarged thyroid.
 - routine, non-symptomatic care – within sixty (60) calendar days of your request for an appointment, for example, when you need to see a specialist for a yearly checkup.

Behavioral health (mental health and/or substance use) services

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

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

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Beacon Health Options Customer Service: 1-888-877-7183 (TDD/TTY: 1-781-994-7660) 24 hours a day, seven days a week.

MassHealth Customer Service 1-800-841-2900 (TTY: 1-800-497-4648) Monday through Friday, 8 a.m. to 5 p.m.

Nurse case managers can help you get the services you need

You may be referred to the Fallon Care Services Program, where our Nurse Case Managers, who are licensed registered nurses, will review and evaluate the health care that you get from our providers. Fallon Nurse Care Managers will also work with and coordinate services with Wellforce Case Managers. Nurse Case Managers will make sure that:

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

You may be referred for care services with a Nurse Case Manager by your PCP or be identified by the Fallon Care Management Department based on the information you include on the Care Needs Screening (CNS) form that you are asked to complete upon your enrollment with Wellforce Care Plan. This form includes your health information and a summary of your current needs and concerns.

In addition, if you feel that, due to your health condition, it is difficult for you to coordinate all the health care you need, you may contact our Customer Service Department at 1-855-508-4715 to request assistance from one of our Nurse Case Managers or Navigators.

Wellforce Care Plan will help you coordinate all of the MassHealth services you are eligible for, including transportation

You are entitled to certain benefits under the Wellforce Care Plan program. However, there are some other services that are covered directly by MassHealth but are coordinated for you by Fallon. Please refer to the *Covered and Excluded Services List* insert included in this *Member Handbook* for a complete list of all your covered services. You can also access the *Covered and Excluded Services List* online at fallonhealth.org/Wellforce.

Our Navigators can help you coordinate any of these Wellforce Care Plan or MassHealth covered services. To contact our Navigators, call Fallon’s Customer Service Department at 1-855-508-4715.

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

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

If you get a bill

As long as you go to a Wellforce Care Plan network provider or have Fallon approval to go to an out-of-network provider, your provider cannot bill you for a service that is covered under the Wellforce Care Plan Program. However, if you get a bill for services you got from a provider, contact the Fallon Customer Service Department at 1-855-508-4715. A representative will help you with the bill or direct you to file an Appeal with the Member Appeals and Grievances Department. For information on filing an Appeal, see the **How to file complaints, compliments, inquiries, grievances and appeals** section of this *Member Handbook*.

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Beacon Health Options Customer Service: 1-888-877-7183 (TDD/TTY: 1-781-994-7660) 24 hours a day, seven days a week.

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Coordination of benefits

Coordination of benefits (COB) takes place when more than one health insurance plan covers a service. This includes plans that provide benefits for hospital, medical, dental or other health care expenses.

Under COB, one plan pays full benefits as the primary carrier. The other (the secondary carrier) pays the balance of covered charges. The primary and secondary carriers are determined by the standard rules that are used by all insurance companies.

We have the right to exchange benefit information with any other group plan, insurer, organization, or person to determine benefits payable using COB. We have the right to obtain reimbursement from you or another party for services provided to you. You must provide information and assistance and sign the necessary documents to help us receive payment. You must not do anything to limit this repayment. If payments have been made under any other plan that should have been made under this plan, we have the right to reimburse the plan to the extent necessary to satisfy the intent of COB. If we pay benefits in good faith to a plan, we will not have to pay such benefits again. We also have the right to recover any overpayment made because of coverage under another plan.

We will not duplicate payment for any service. We will not make payment for more than the full benefit available under this contract. If we provide or arrange services when another carrier is primary, we have the right to recover any overpayment we have made from the primary carrier or other appropriate party. If we do not receive the necessary documentation from you, we may deny your claim. In order to obtain all the benefits available, you must file claims under each plan.

Subrogation

Subrogation (a process of substituting one creditor for another) applies if you have a legal right to payment from an individual or organization because another party was responsible for your illness or injury.

We may use your subrogation right, with or without your consent, to recover from the responsible party or that party's insurer the cost of services provided or expenses incurred by us that are related to your illness or injury. We will notify you of the right to reimbursement prior to settlement or judgment. If you are reimbursed by the responsible party, we have the right to recover from you the cost of services provided or expenses incurred. Our right to repayment comes first, even if you are not paid for all your claims against the other party, or if the payment you receive is described as payment for other than health care expenses. Any recovery from your personal injury protection coverage under a Massachusetts automobile policy shall be limited in accordance with the law. If we do not receive the necessary documentation from you, we may deny your claim.

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Your pharmacy benefits explained

The pharmacy benefit is another way Wellforce Care Plan helps you take care of your health. Wellforce Care Plan covers most prescription drugs and select brand-name and generic (non-brand-name) over the counter drugs, with a prescription. In general, you must use generic medicines when available, unless your healthcare provider writes “no substitutions” on the prescription AND a prior authorization has been approved.

For information about copayments, see the Covered Services List that is included as an insert in the printed handbook and is available on www.fallonhealth.org/wellforce. If you have questions, please call 1-855-508-4715 (TRS 711). Hours of operations are Monday through Friday, 8 a.m. to 6 p.m.

Other important information about your prescriptions

Pharmacy programs

Fallon uses a number of pharmacy programs to promote the safe and appropriate use of prescription drugs. Not all drugs are in a pharmacy program. Drugs, which belong to a program, have clinical guidelines that must be met before we cover them. You can see which drugs belong to a pharmacy program on the Wellforce Care Plan website, fallonhealth.org/Wellforce. If you want a copy of the Formulary, please call our Customer Service Department at 1-855-508-4715 and ask for Customer Service.

A formulary is a listing of drugs that are approved for coverage by Wellforce Care Plan. Fallon covers both brand-name and generic drugs. Fallon will generally cover the drugs listed in our formularies as long as the drug is medically necessary, the prescription is filled at a network pharmacy and other plan rules are followed.

If your provider feels that it is medically necessary for you to take a drug that is in one of our programs, he or she can submit a prior authorization request to Fallon. A clinician will review this request. If the drug is medically necessary, Fallon will cover the drug. If the prior authorization request is denied, you and your authorized appeal representative can appeal the decision. See the **How to file complaints, compliments, inquiries, grievances and appeals** section for more information. If you want more information about the pharmacy programs, visit our website at fallonhealth.org/Wellforce. Or, you can call our Customer Service Department.

Preferred Blood Glucose Meters – Prior authorization is required for blood glucose meters and supplies that are non-preferred brands, continuous or require adaptive features.

Preferred Blood Glucose Meters covered are limited to FreeStyle or Precision Xtra glucose meters and test strips manufactured by Abbott. You can obtain a FreeStyle or Precision Xtra glucose meter at network pharmacies by providing the pharmacy with the following information: RxBIN: 610020 Group #: 99992432 ID #: ERXMASSHEAL or by calling Abbott Diabetes Care at 1-866-224-8892 with Offer Code A35ABII0. Freestyle can also be ordered by signing up at ChooseFreeStyle.com with Offer Code A35ABII0.

Test strip quantities over 5 per day and other brand meters and test strips require prior authorization.

Continuous blood glucose monitors may be obtained at network durable medical equipment supplies or pharmacies. Prior authorization applies.

Members with a demonstrated need, including having a severe visual impairment or impaired manual dexterity, may require a blood glucose meter with adaptive features, such as an integrated voice synthesizer or integrated lancing device.

Certain DME items – Certain disposable syringes, peak flow meters, vaporizers, and blood pressure monitors and cuffs may be obtained at a network pharmacy, with a prescription from your provider.

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Section 6: Covered Services

Prior Authorization Program – Some drugs always require prior authorization. If your provider feels that it is medically necessary and meets any applicable criteria for use, he or she can submit a prior authorization request that will be reviewed by a clinician. If the drug is medically necessary, Fallon will cover the drug. If the prior authorization request is denied, you and your authorized appeal representative can appeal the decision. See the **How to file complaints, compliments, inquiries, grievances and appeals** section for more information.

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

New-to-Market Medication Program – Fallon Health utilizes a New-to-Market medication evaluation policy for newly approved medications by the U.S. Food and Drug Administration (FDA) as well as new dosage forms, for up to 180 calendar days following the approval of the FDA. This ensures patient safety and allows adequate time for development of clinical criteria (including, but not limited to, determining true dosing parameters, side-effect profiles, drug-drug interactions, drug-disease state interactions, and age-related issues), as well as review and approval of the criteria by the Pharmacy and Therapeutics Committee. These medications are not covered by Fallon until they have been reviewed and guidelines for their use have been developed. Providers may submit a prior authorization form for review of a new to market medication.

Quantity Limitation Program – Ensures the safe and appropriate use of some medications by covering a specific amount that can be dispensed at one time. If your provider feels that a quantity greater than the specified amount is medically necessary, he or she can submit a prior authorization request that will be reviewed by a clinician. If approved, Fallon will cover the drug. If the prior authorization request is denied, you and your authorized appeal representative can appeal the decision. See the **How to file complaints, compliments, inquiries, grievances and appeals** section for more information.

Opioid Management Program – The length of the first fill (when appropriate) will be limited to 3 days for members 19 and under or 7 days for members over 19 years of age for immediate release, new, acute prescriptions for plan members who do not have a history of prior opioid use, based on their prescription claims. A physician can submit a prior authorization (PA) request if it is important to exceed the seven-day limit.

The quantity of opioid products prescribed (including those that are combined with acetaminophen, ibuprofen or aspirin) will be limited up to 90 Morphine Milligram Equivalent (MME*) per day (based on a 30-day supply). The prescriber may submit a PA for larger amounts.

Use of an immediate-release (IR) formulation will be required before moving to an extended-release (ER) formulation, unless the member has a previous claim for an IR or ER product, or the prescriber submits a PA.

**Morphine Milligram Equivalents are a way to compare different opioid medications based on their strength as compared to morphine*

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MassHealth Customer Service 1-800-841-2900 (TTY: 1-800-497-4648) Monday through Friday, 8 a.m. to 5 p.m.

Section 6: Covered Services

Specialty Pharmacy Program – Requires that some drugs be supplied by a specialty pharmacy. We may allow a one-time fill of a specialty drug at a local pharmacy; after the one-time fill, you will receive a letter and call to set up delivery of your drug through the specialty pharmacy network. These drugs include injectable and intravenous drugs that are often used to treat chronic conditions like Hepatitis C or multiple sclerosis. These types of diseases require additional expertise and support. Specialty pharmacies have knowledge in these areas and can provide additional support to members and providers.

Mandatory Generic Substitution Program – Massachusetts law requires a member to try an “AB rated” generic drug before its brand counterpart is covered. The Food and Drug Administration has determined that certain generic drugs are therapeutically equivalent (“AB rated”) to their brand counterparts. This means that the “AB rated” generic drug is as effective as its brand name drug. Massachusetts law also requires the dispensing of the “AB rated” generic drug, unless your provider indicates the brand is medically necessary by writing on the prescription “no substitutions”. If your provider determines that the brand name drug is medically necessary, he or she may request prior authorization that will be reviewed by a clinician. If approved, Fallon will cover the drug. If the prior authorization request is denied, you and your authorized appeal representative can appeal the decision. See the **How to file complaints, compliments, inquiries, grievances and appeals** section for more information.

Day Supply

Generally, you cannot obtain a refill until most or all of the previous supply has been used. In most cases, Fallon will allow you to get up to a 90-day supply of medicine at a time. Occasionally, for safety reasons or as directed by your health care prescriber, Fallon will allow less than a 30-day supply. Fallon makes these decisions by following the FDA guidelines.

Also, Fallon only allows a 30-day supply for Specialty Medications. These are medications for conditions that require special handling and counseling. These medications may be filled at any retail location initially, then they must be filled through our Specialty Pharmacy. You will receive information from our Specialty Pharmacy prior to your next fill date. Certain specialty medications cannot be limited to a 30-day supply due to manufacturer packaging, for example, a prefilled syringe. In these cases you may receive a quantity that will last longer than 30 days.

Note that state law may prevent the dispensing of a 90-day supply on certain medications.

You may get up to a 90-day supply of most chronic maintenance medications at a network retail pharmacy participating in our 90-day program. For more information, please call our Customer Service Department at 1-855-508-4715 (TRS 7111). The 90-day supply is not available at mail-order, as there is no mail-order benefit.

Copay

Your copay for a 90-day supply of medication will be the same as it is for a 30-day supply of medication.

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Beacon Health Options Customer Service: 1-888-877-7183 (TDD/TTY: 1-781-994-7660) 24 hours a day, seven days a week.

MassHealth Customer Service 1-800-841-2900 (TTY: 1-800-497-4648) Monday through Friday, 8 a.m. to 5 p.m.

Exclusions

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

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

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Health care for your children

Preventive care and well-child care for all children

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

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

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

Your provider will discuss the completed screening with you. The screening will help you and your doctor or nurse decide if your child may need further assessment by a behavioral health provider or another medical professional. If you or your doctor or nurse thinks that your child needs to see a behavioral health provider, information and assistance is available. For more information on how to access behavioral health services, or to find a behavioral health provider, you can talk to your primary care doctor or nurse or call Fallon Customer Service.

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

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

- at 1 to 2 weeks
- at 1 month
- at 2 months
- at 4 months
- at 6 months
- at 9 months
- at 12 months
- at 15 months
- at 18 months
- ages 2 through 20 – children should visit their PCP once a year.

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

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Preventive pediatric health-care screening and diagnosis (PPHSD) services for children enrolled in MassHealth Family Assistance

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

Early and periodic screening, diagnosis and treatment (EPSDT) services for children enrolled in MassHealth Standard or CommonHealth

If you or your child is under age 21 and is enrolled in MassHealth Standard or CommonHealth, Fallon will pay for all medically necessary services that are covered by federal Medicaid law, even if the services are not specifically mentioned in your covered service list. This coverage includes health-care, diagnostic services; including but not limited to Children's Behavioral Health Remedy Services, treatment, and other measures needed to correct or improve defects and physical and mental illnesses/emotional disturbance and conditions. Also included is the CANS assessment. CANS stands for Child and Adolescent Needs and Strengths. CANS is a form that providers use to put together information gathered during the assessment process. Providers use the assessment process to get to know the children and families they work with and to understand their strengths and needs. The CANS assessment can help you decide which of your child's needs are the most important to address in a treatment plan.

The CANS assessment must be completed as part of a discharge-planning process in the following 24-hour level-of-care services: psychiatric inpatient hospitals; chronic and rehabilitation hospitals; Community-Based Acute Treatment (CBAT) and Intensive Community-Based Acute Treatment (ICBAT) and Transitional Care Units (TCU).

When a PCP (or any other clinician) discovers a health condition, Fallon will pay for any medically necessary treatment that is covered under Medicaid law if it is delivered by a provider who is qualified and willing to provide the service and a physician, nurse practitioner, or nurse midwife supports in writing the medical necessity of the service. You and your PCP can seek assistance from Fallon to determine what providers may be available in the Wellforce Care Plan network to provide these services, and how to use out of network providers, if necessary.

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

Children's Behavioral Health Initiative (CBHI)

The Children's Behavioral Health Initiative (CBHI) is an interagency effort of the Commonwealth's Executive Office of Health and Human Services (EOHHS). Its mission is to strengthen, expand, and integrate Massachusetts state services into a comprehensive, community-based system of care to ensure that families and their children with significant behavioral, emotional, and mental health needs obtain the services necessary for success in home, school, and community.

Fallon Health Customer Service: 1-855-508-4715 (TRS 711) Monday through Friday, 8 a.m. to 6 p.m.

Beacon Health Options Customer Service: 1-888-877-7183 (TDD/TTY: 1-781-994-7660) 24 hours a day, seven days a week.

MassHealth Customer Service 1-800-841-2900 (TTY: 1-800-497-4648) Monday through Friday, 8 a.m. to 5 p.m.

Section 7: Health care for your children

The Children's Behavioral Health Initiative (CBHI) was created to implement the remedy in a class action law suit filed on behalf of MassHealth-enrolled children under age of 21 with serious emotional disturbance (SED). Through CBHI, MassHealth requires primary care providers to offer standardized behavioral health screenings at well child visits, mental health clinicians to use a standardized behavioral health assessment tool, and provides new or enhanced home and community-based behavioral health services. CBHI also includes a larger interagency effort to develop an integrated system of state-funded behavioral health services for children, youth and their families.

Applied Behavior Analysis (ABA)

On October 1, 2015, Fallon began covering a new service for those with Autism Spectrum Disorder (ASD), called Applied Behavior Analysis (ABA). This service is for youth under the age of 21 who are enrolled in MassHealth Standard and CommonHealth. It is also for children under the age of 19 who are enrolled in MassHealth Family Assistance. To get this service, a youth must have a diagnosis of ASD.

ABA is very helpful for people who have a diagnosis of ASD. It can be provided in many places such as the home or in the community. The service is provided by a team. One person on the team is a licensed applied behavioral analyst. This person watches to see how the youth acts and creates a plan to help decrease problem behaviors. The other person on the team is a behavior technician/ paraprofessional. This person helps the youth and the caregiver implement the plan. The team works closely with people in the youth's life such as caregivers, schoolteachers, and other providers.

Dental care for children

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

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

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

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

Note: Children who are under age 21 and enrolled in MassHealth Standard or CommonHealth can get all medically necessary treatment covered under Medicaid law, including dental treatment, even if the service is not otherwise covered by MassHealth.

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

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

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

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Additional services for children

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

✓ Oral exams (twice in 12 months)	✓ Space maintainers
✓ X rays	✓ Oral surgery
✓ Cleanings (twice in 12 months)	✓ Extractions (tooth pulling)
✓ Fluoride (twice in 12 months)	✓ Anesthesia
✓ Sealants	✓ Crowns
✓ Braces (if qualified)	✓ Fillings
✓ Root canal treatments	✓ Any other medically necessary dental service

Some services may need to be approved by MassHealth before the dentist can provide them. The dentist will know which services these are and will request approval if he or she feels that you need these services. You do not need to do anything to request approval.

Early intervention services for children with growth or developmental problems

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

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

All of these providers work with children under three years old – and their families – to make sure a child gets any extra support necessary. Some of the services are given at home, and some are at early intervention centers.

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

For children in the care or custody of the Department of Children and Families (DCF), formerly the Department of Social Services (DSS).

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

- Give your child a health care screening within seven calendar days after you or the DCF worker asks for it.
- Give your child a full medical exam within 30 calendar days after you or the DCF worker asks for it (unless a shorter time frame is required by the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services schedule. See the **Health care for your children** section of this *Member Handbook* for EPSDT information.

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Preventive care for adults

Routine preventive care is an important part of staying healthy. Wellforce Care Plan encourages all members to visit their primary care providers for preventive care. Examples of covered preventive care benefits include:

Members ages 21 and Older:

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

Wellforce Care Plan covers these and many more preventive care benefits. See your primary care provider for your routine health care needs.

Dental care for adults

Dental services are covered for eligible MassHealth eligible members. Members will receive a MassHealth ID card for these services.

MassHealth members aged 21 and older are eligible for dental services performed by a MassHealth dentist. Adult members who are determined by the Department of Developmental Services (DDS) to be DDS Clients receive a different dental benefit package than Adults who are not DDS Clients. Examples of covered dental services for adults include:

(Non-DDS members)

✓ Oral exams (twice in 12 months)	✓ Some Oral Surgery (Such as removal of impacted teeth, biopsies, soft-tissue surgery)
✓ X rays	✓ Extractions (tooth-pulling)
✓ Cleanings (twice in 12 months)	✓ Anesthesia
✓ Fillings	✓ Dentures*

Some services may need to be approved by MassHealth before the dentist can provide them. The dentist will know which services these are and will request approval if he or she feels that you need these services. You do not need to do anything to request approval.

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Care management programs

Wellforce Care Plan knows how challenging it can be if you have a health condition, and we are here to help. We want to work with you to ensure you are as healthy as you can be.

We have many programs that are designed to meet your care needs. Our Care Coordinators (Navigators), Health Educators, Nurse Case Managers, and Social Workers have expertise helping both children and adults who have a range of health care needs. All of our Care Management programs are free and include you, your health care provider(s) and Fallon working together to help keep you healthy. A referral from your doctor is **not** needed for any of these services.

As always, if you are having an immediate health problem, call your primary care provider (PCP) first. If you are having an emergency, call 911 or go to the nearest emergency room.

Care Needs Screening

When you enroll with Wellforce Care Plan, it's important that we understand how we can be of assistance to you. Your Welcome Packet contains a form called a Care Needs Screening (CNS) The Care Needs Screening helps us to better know your health care needs and how we can be of assistance to you. The information you provide will be kept confidential and shared only as required by MassHealth.

Complete the Care Needs Screening and return it to Fallon in the postage paid envelope found in your Welcome Packet.

Or, if you would prefer, call our Customer Service Department at 1-855-508-4715 (TRS 711) Monday through Friday from 8 a.m. to 6 p.m. and tell them that you want to **complete your Care Needs Screening** over the phone.

Completing your Care Needs Screening form is the first step in helping us to coordinate your care. If you have a chronic (ongoing) health condition, make sure you write it on the Health Screening form or tell us about it so we can help manage your health needs.

Health and Wellness Programs

At Wellforce Care Plan, you have lots of free Wellness tools right at your fingertips. You can take a health and wellness assessment and get a report on your health with special recommendations just for you.

Want to learn more about your health? Go to our Healthwise Knowledgebase and find information on almost every medical test, medicine, health condition and illness.

We believe staying healthy is important. Fallon's Health Educators understand when you have a condition and how it feels. We are here to help you with health and wellness activities. We will work with you to make sure you understand your condition so you can be as healthy as you can be.

If you can answer YES to any of the following questions, one or more of our **Health and Wellness Programs** may be right for you.

Do you have any of the following chronic diseases or conditions (can be just one or more than one)?

- Asthma or COPD
- Diabetes
- Heart Failure
- High Blood Pressure or High Cholesterol
- Cancer: Breast Cancer, Cervical, Colorectal, Lung, Ovarian or Pancreatic
- HIV/AIDS

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- Kidney Disease

Are you pregnant?

Have you ever been told you are overweight?

- Do you weigh 'too much'?
- Have you been told you are obese and you want to lose weight?

Do you smoke and want to quit?

Do you want to learn more about your general health?

If you have answered YES to any of the above questions, Fallon is here to help you. Our **Health and Wellness Program** works with Enrollees who have conditions just like you.

Call our Customer Service Department at 1-855-508-4715 (TRS 711) Monday through Friday from 8 a.m. to 6 p.m. and tell them that you are interested in a **Health and Wellness Program**.

Tobacco Cessation Program

Fallon is here to help you quit smoking! Be Smoke-Free!

You've made the decision to quit smoking—now take advantage of all the tools available!

Our tobacco treatment program, called **Quit to Win**, offers group conference calls, one-on-one telephonic counseling and eight-week onsite meetings where we'll help you develop a personalized stop-smoking plan. Text-messaging support is also available.

If you can answer YES to any of the following questions, our **Quit to Win** Program may be right for you.

- Do you use tobacco products (cigarettes, cigars, chewing tobacco)?
- Are you interesting in quitting or reducing the amount of tobacco products that you use?

Call our Customer Service Department at 1-855-508-4715 (TRS 711) Monday through Friday from 8 a.m. to 6 p.m. and tell them that you want to be referred to the **Quit to Win** Program.

Disease Management Programs

Staying healthy is important. Living with a condition that can be life-long can be hard. Fallon is here to help.

Our Health Educators and Nurse Case Managers will work with you and your doctors. We will make sure you know about your condition and how you can be as healthy as you can be. We will support the relationship that you have with your doctor. Our program works to prevent flare ups of your condition. We will work with you to have you manage your condition the very best that you can. Our goal is to help you improve your health.

We manage chronic conditions such as Asthma, Diabetes, and Heart disease in our **Disease Management Program**. If you can answer YES to any of the following conditions, our **Disease Management Program** may be right for you.

Do you have any of the following chronic diseases or conditions? (can be one or more)

- Asthma
- Congestive Heart Failure
- Diabetes

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- Heart Disease
- High Cholesterol
- Hypertension (high blood pressure)

If you have answered YES to any of the above questions, Fallon is here to help you. Our ***Disease Management Program*** works with Enrollees who have conditions just like you.

Call our Customer Service Department at 1-855-508-4715 (TRS 711) Monday through Friday from 8 a.m. to 6 p.m. and tell them that you want to be referred to the ***Disease Management Program***.

General Health, Wellness, Medication, and Disease Information

Would you like more information on other health, wellness, medications, and disease conditions? Do you have a computer or have access to one?

Visit our Healthwise Database at: fallonhealth.org/Wellforce - click on Healthwise® Knowledgebase health encyclopedia and search for any topic you may be interested in.

Case Management Programs – Adults and Children

Fallon has Nurse Case Managers that are here to work with you, your family and your health care providers. By reviewing your needs and making and getting a plan made special for you, we help to improve your health and ability to function.

If you can answer YES to any of the below questions, you or your child may be helped by one of our ***Case Management Programs***.

- Do you or your child have health care needs that you think are 'special'?
- Do you or your child have to go to the doctors a lot?
- Do you or your child need to see more doctors than just the Primary Care Physician (PCP)?
- Are you or your child blind or deaf?
- Do you or your child have special equipment such as a wheelchair, arm or leg braces, hospital bed or need to be fed by a tube?
- Are you or your child on special nutritional formulas?
- Do you need help getting the special nutritional formulas?
- Are you or your child disabled?
- Do you or your child have any concerns about the medical and/or behavioral health care that you receive?
- Are you or your child on many different medications?
- Do you or your child have any of the following medical conditions:
 - Spinal cord injury
 - Traumatic brain injury
 - Cystic Fibrosis
 - Advanced HIV/AIDS
- Have you or your child had an organ transplant?
- Are you or your child on an organ transplant waiting list?
- Have you or your child been told you need an organ transplant?

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- Do you or your child see a psychiatrist and other behavioral health providers?
- Have you been told your child under the age of 3 has developmental delays and your child is not yet receiving services from Early Intervention?
- Is your child (or the child under your care) working with Massachusetts State Agencies such as:
 - Department of Children and Families (DCF)?
 - Department of Youth Services (DYS)?
 - Department of Mental Health (DMH)?
 - Department of Public Health (DPH)?
 - DPH's Bureau of Substance Abuse Services (DPH/BSAS)?
 - Department of Mental Retardation (DMR)?
 - The Massachusetts Rehabilitation Commission?
 - The Massachusetts Commission for the Blind (MCB)?
 - The Massachusetts Commission on the Deaf and Hard of Hearing?

If you have answered YES to any of the above questions, Fallon is here to help you. Our **Case Management Program** will be able to help you with your health care needs.

Call our Customer Service Department at 1-855-508-4715 (TRS 711) Monday through Friday from 8 a.m. to 6 p.m. and tell them that you want to be referred to the **Case Management Program**.

Pregnancy (Prenatal Care) – Fallon's Special Deliveries Program

Are you pregnant or planning on getting pregnant? We want you and your baby to be as healthy as you both can be. Our Special Deliveries Program Nurse Case Managers are here to help. Even if you have given birth before, it is very important for you to get prenatal care during your pregnancy.

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

- Information about our Oh Baby! Program*
- Information about what to expect when you are pregnant
- Personalized assessment for resources and benefits you may be eligible for
- Help coordinating your care with your doctors and other health care providers
- Help obtaining special formulas if your baby's doctor recommends it

Join our **Special Deliveries Program!** We are here to help you.

Call our Customer Service Department at 1-855-508-4715 (TRS 711) Monday through Friday from 8 a.m. to 6 p.m. and tell them that you want to be referred to the **Special Deliveries Program**.

* **Oh Baby!** is a program for our members who are pregnant or planning to adopt a baby. *Oh Baby!* has all kinds of information, as well as useful and important items (plus some fun extras!) to help welcome your new addition.

The **Oh Baby!** program includes:

- Information about prenatal care
- Free convertible toddler car seat
- A free home safety kit for childproofing your home
- Temporal thermometer, or

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- *Caring For Your Baby and Young Child: Birth to Age 5*, a book from the American academy of Pediatrics

You'll also receive resources, support and educational information, and other special items— all at no cost!

Social Care Management Program

Fallon has Social Workers who can help you with more than just health care. We support you with those things in your life that could affect your health, including getting care.

We also help to:

- Make sure the service you get from the community agencies work well together
- Assist you in accessing counseling services
- Educate and assist families with children's school-based services and programs

Do you need help with any of the following?

- Food Stamp application process
- Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI)
- Housing and Emergency Shelter
- Programs that help with utilities (electricity or heat)
- Support groups
- Transportation for medical appointments

If you have answered YES to any of the above questions, Fallon is here to help you. Our **Social Care Management Program** will be able to help you with your health care needs.

Call our Customer Service Department at 1-855-508-4715 (TRS 711) Monday through Friday from 8 a.m. to 6 p.m. and tell them that you want to be referred to our **Social Care Management Program**.

Community Partners (CP) Program

A program developed by MassHealth which offers a new approach to providing care, requiring close coordination between community based organizations, health insurers and PCPs. A primary goal is to promote independence for those members assigned to the program. Some of the services provided include personal care assistance, home health aides, and items to perform daily tasks such as hearing and vision items, and durable medical equipment.

Community Partners may also assist with any social needs such as Meals on Wheels, fuel assistance and food stamps. They may also help with access to day programs such as Adult Day Health and Adult Foster Care.

The Community Partners serve both members with Behavioral Health (BH) needs as well as medical needs (Long Term Services and Support [LTSS]). A Long Term Service and Support Community Partner provides care coordination and navigation for certain members, between the ages of 3-64 with complex LTSS needs such as children and adults with physical disabilities, developmental disabilities and brain injury. If members have other state agency or provider supports, CPs will coordinate with those supports and will supplement but not duplicate the functions provided by them (i.e. Department of Developmental Services [DDS], and Department of Children and Families [DCF]).

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Behavioral Health (Mental Health and/or Substance Use Disorder) Condition Specific Programs

Fallon provides care for members who may have mental health and/or substance use concerns.

Fallon's Behavioral Health Care Management program is managed by Beacon Health Options. They can help find a counselor near you, make recommendations, and explain your treatment options. Our Fallon Outreach Coordinators, Health Educators, Nurse Case Managers and Social Workers work closely with staff from Beacon Health Options. A referral from your doctor is **not** needed for these services.

Do you have any of the following conditions? (one or more)

- Depression
- Emotional distress significantly impacting your relationships, school work, job performance, difficulty with sleep or eating patterns.
- Mental illness including but not limited to: bipolar disorder, mood disorders, psychotic disorders, schizophrenia
- Substance use or misuse including but not limited to alcohol, pain medications, illegal drugs

If you have answered YES to any of the above conditions, Fallon and Beacon Health Options are here to help you. Our Behavioral Health Care Management Program will be able to help you with your health care needs.

For more information about Behavioral Health benefits:

- Call Beacon Health Options at 1-888-877-7183
- Visit Beacon Health Options website at: www.beaconhealthoptions.com
- Call Fallon's Customer Service Department at: 1-855-508-4715 (TRS 711)
- Or visit the Wellforce Care Plan website: fallonhealth.org/Wellforce

If you have complex Behavioral Health care needs, or require intensive treatment services, Care Coordinators and Nurse Case Managers will work with you to get you the Behavioral Health services you need.

Call our Customer Service Department at 1-855-508-4715 (TRS 711) Monday through Friday from 8 a.m. to 6 p.m. and tell them that you want to be referred to the **Behavioral Health Care Management Program**.

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Confidentiality of member information

In support of our commitment to protect our members' privacy, Fallon has in place a comprehensive, corporate-wide privacy and security program. The ultimate goal of Fallon's privacy and security programs is to safeguard our members' protected health information (PHI) from inappropriate access, use, and disclosure while permitting appropriate access in order to provide the highest quality health care coverage for our members.

Our numerous privacy and security policies and procedures address the protection of PHI in all forms—oral, written, and electronic—across the organization. We define the appropriate uses and disclosures of information, such as members have the right to authorize the disclosure of PHI for certain non-routine uses and disclosures, and employers can access PHI for enrollment and disenrollment purposes and under other limited circumstances. Our policies and procedures also address the rights members have with respect to their PHI. For example, members have the right to access most PHI that Fallon has about them.

You can be confident that all of us at Wellforce Care Plan are committed to safeguarding the privacy and security of our members' PHI. For more detailed information about our privacy practices, please review our Notice of Privacy Practices, which you will receive in the mail. You can also obtain a copy online at our member website at fallonhealth.org/Wellforce (keyword: "policies"), or for a printed copy call our Customer Service Department at 1-855-508-4715 (TRS 711), Monday through Friday, from 8 a.m. to 6 p.m.

Your right to use advance directives

You have the right to have information about advance directives, and you have the right to have an advance directive if you so desire. An advance directive is a legal document that allows you to create instructions for your health care in the event that you are later unable to express your wishes because of serious illness or injury. There are different types of advance directives. They are a "health care proxy," "living will" and "durable power of attorney for health care."

Health care proxy

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

Living will

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

Durable power of attorney for health care

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

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Section 10: Confidentiality of member information

If you decide that you want to have an advance directive, there are several ways to get this type of legal form. You can get a form from your health care provider, lawyer or from a social worker. You can print a form at The Central Massachusetts Partnership to Improve Care at the End of Life, Inc., website: <http://www.betterending.org/>, or at the website of the Hospice & Palliative Care Federation of Massachusetts at: http://www.hospicefed.org/hospice_pages/proxyform.htm. You also may call Fallon's Customer Service Department at 1-855-508-4715 to request a health care proxy form.

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

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

Release of Protected Health Information (PHI)

Fallon Health is committed to preserving the confidentiality and security of Protected Health Information (PHI) created, received, obtained, maintained, used or transmitted the plan. Fallon Health is also committed to protecting PHI from unauthorized access or disclosure. This procedure outlines the appropriate administrative guidelines to ensure the confidentiality of PHI. All PHI held by Fallon Health is the property of the plan and is maintained and disclosed for the purpose of treatment, payment and healthcare operations, research and education, consistent with legal, accrediting and regulatory agency requirements or upon the member's written consent.

Fallon Health Customer Service: 1-855-508-4715 (TRS 711) Monday through Friday, 8 a.m. to 6 p.m.

Beacon Health Options Customer Service: 1-888-877-7183 (TDD/TTY: 1-781-994-7660) 24 hours a day, seven days a week.

MassHealth Customer Service 1-800-841-2900 (TTY: 1-800-497-4648) Monday through Friday, 8 a.m. to 5 p.m.

Your rights and responsibilities as a member

Member rights

As a Wellforce Care Plan member, you have the right to:

- Receive information about Wellforce Care Plan, its covered services, its health care providers, and members' rights and responsibilities.
- Be treated with dignity and respect and to have your privacy recognized.
- Be actively involved in decisions regarding your own health and treatment options, including the right to refuse treatment.
- Openly discuss appropriate or medically necessary treatment options for your condition, regardless of cost or benefit coverage, presented by your provider in a way that you can understand and that is appropriate to your condition.
- Enrollees have a right to receive a second opinion on a medical procedure from an in-plan provider and have Fallon pay for the second opinion consultation. Ask your Primary Care Physician to refer you to an in network contracted provider for a second opinion consultation. Prior approval from Fallon is required when a second medical opinion is being requested to a provider who is not part of the Wellforce Care Plan provider network.
- Members have a right to receive member materials in prevalent languages and in alternative formats, upon request.
- File Grievances and Appeals without discrimination about the managed care organization or the care provided, and expect problems to be fairly examined and appropriately addressed.
- Make recommendations regarding Fallon's member rights and responsibilities policies.
- Be informed about how medical treatment decisions are made by Fallon or by providers that accept Wellforce Care Plan members, including payment structure.
- Choose a qualified primary care provider and hospital that accept Wellforce Care Plan members.
- Know the names and qualifications of physicians and health care professionals involved in your medical treatment.
- Receive information about an illness, the course of treatment and expectations for recovery in words that you can understand.
- Receive emergency services when you, as a non-health care professional, would have believed that an emergency medical condition existed.
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation.
- Keep your personal health information private as protected under federal and state laws—including oral, written and electronic information throughout Wellforce Care Plan. Unauthorized people do not see or change your records.
- Review and get a copy of certain personal health information. (There may be a fee for photocopies.) You also have the right to request that your medical records be changed or corrected.

Fallon Health Customer Service: 1-855-508-4715 (TRS 711) Monday through Friday, 8 a.m. to 6 p.m.

Beacon Health Options Customer Service: 1-888-877-7183 (TDD/TTY: 1-781-994-7660) 24 hours a day, seven days a week.

MassHealth Customer Service 1-800-841-2900 (TTY: 1-800-497-4648) Monday through Friday, 8 a.m. to 5 p.m.

Section 11: Your rights and responsibilities as a member

- Exercise these rights regardless of your race, physical or mental ability, ethnicity, gender, sexual orientation, creed, age, religion, national origin, cultural or educational background, economic or health status, English proficiency, reading skills, or source of payment for your care. Expect these rights to be upheld by both Wellforce Care Plan and the providers who accept Wellforce Care Plan members.
- Receive the covered services in accordance with how they are described in the *Covered and Excluded Services List* insert of this *Member Handbook*.

Mental Health Parity:

Federal and state laws require that all Managed Care Organizations, including Fallon provide Behavioral Health Services to MassHealth members in the same way they provide physical health services. This is what is referred to as “parity”. In general, this means that:

1. Fallon must provide the same level of benefits for any mental health and substance abuse problems you may have as for other physical problems you may have;
2. Fallon must have similar prior authorization requirements and treatment limitations for mental health and substance abuse services as it does for physical health services;
3. Fallon must provide you or your provider with the medical necessity criteria used by Wellforce Care for prior authorization upon your or your provider’s request; and
4. Fallon must also provide you within a reasonable time frame the reason for any denial of authorization for mental or substance abuse services.

If you think that Fallon is not providing parity as explained above, you have the right to file a Grievance with Fallon. For more information about Grievances and how to file them, please see page 43 of your *Member Handbook*.

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

For more information, please see 130 CMR 450.117(J). Division of Medical Assistance Manual at www.mass.gov.

Member responsibilities

As a Wellforce Care Plan member, you have the responsibility to:

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

Fallon Health Customer Service: 1-855-508-4715 (TRS 711) Monday through Friday, 8 a.m. to 6 p.m.

Beacon Health Options Customer Service: 1-888-877-7183 (TDD/TTY: 1-781-994-7660) 24 hours a day, seven days a week.

MassHealth Customer Service 1-800-841-2900 (TTY: 1-800-497-4648) Monday through Friday, 8 a.m. to 5 p.m.

Section 11: Your rights and responsibilities as a member

If you have any questions about your rights or responsibilities as a member of Wellforce Care Plan, please contact:

Fallon Health
Customer Service Department
10 Chestnut St.
Worcester, MA 01608
1-855-508-4715 (TRS 711)

If you have questions regarding care provided by a Wellforce Care Plan healthcare provider or physician profiling information, please contact:

Commonwealth of Massachusetts
Board of Registration in Medicine
200 Harvard Mill Square, Suite 330
Wakefield, MA 01881
Phone: 1-781-876-8200
Fax: 1-781-876-8383
mass.gov/medboard

Fallon Health Customer Service: 1-855-508-4715 (TRS 711) Monday through Friday, 8 a.m. to 6 p.m.

Beacon Health Options Customer Service: 1-888-877-7183 (TDD/TTY: 1-781-994-7660) 24 hours a day, seven days a week.

MassHealth Customer Service 1-800-841-2900 (TTY: 1-800-497-4648) Monday through Friday, 8 a.m. to 5 p.m.

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

Complaints

You may contact the MassHealth Customer Service Department directly at any time to file a complaint that you may have with Wellforce Care Plan or MassHealth. Representatives are available Monday through Friday, between 8 a.m. and 6 p.m., at 1-800-841-2900 (TRS 711).

Compliments

At Wellforce Care Plan, we strive to provide you with the highest level of benefits provided by the best health care providers. As a member of the plan, you are our best source of information about excellent service. Please let us know whenever you feel a plan-affiliated provider should be recognized for his or her efforts, or if the level of care or services is exceptional. To express a compliment, contact the Fallon Customer Service Representative at 1-855-508-4715 (TRS 711). Representatives are available from 8 a.m. through 6 p.m., Monday through Friday.

Written statements may be sent to: Fallon Health, Member Appeals and Grievances Department, 10 Chestnut St., Worcester, MA 01608.

Inquiries

As a Wellforce Care Plan member, you have the right to make an Inquiry at any time. An Inquiry is any question or request that you may have about Fallon's operations that does not express dissatisfaction about Wellforce Care Plan. We will resolve your Inquiries immediately or, at the latest, within one (1) business day of the day we receive it. We will let you know about the resolution on the day your Inquiry is resolved.

Grievances

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

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

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

- Fallon's Customer Service Department at 1-855-508-4715 (TRS 711), Monday through Friday from 8 a.m. to 6 p.m.
- Fallon's Member Appeals and Grievances Department at 1-800-333-2535 (TRS 711), Monday through Friday from 8:00 a.m. to 5:00 p.m.

If you prefer to send a written Grievance to the Member Appeals and Grievances Department, include all details about the Grievance, any pertinent dates and, if applicable, names of providers from whom you have received your care.

Fallon Health Customer Service: 1-855-508-4715 (TRS 711) Monday through Friday, 8 a.m. to 6 p.m.

Beacon Health Options Customer Service: 1-888-877-7183 (TDD/TTY: 1-781-994-7660) 24 hours a day, seven days a week.

MassHealth Customer Service 1-800-841-2900 (TTY: 1-800-497-4648) Monday through Friday, 8 a.m. to 5 p.m.

Section 12: How to file complaints, compliments, inquiries, grievances and appeals

If you want, you may appoint, in writing, an individual (family member, friend, physician/provider, etc.) to act on your behalf. You can send your Grievance to:

Fallon Health
10 Chestnut St.
Worcester, MA 01608
Attn: Member Appeals and Grievances Department

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

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

We will acknowledge your Grievance within one (1) business day of the receipt of your Grievance. The Member Appeals and Grievances Department will research your request and send you a written notice of our resolution as quickly as your health condition requires and always within thirty (30) calendar days of the receipt of your Grievance. Grievance decisions are handled by health care professionals who were not involved in any previous review or decision making.

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

Appeals

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

- Fallon denied or decided to provide limited authorization for a service requested by your health care provider.
- Fallon reduced, suspended or terminated a service covered by Fallon that Fallon previously authorized.
- Fallon denied, in whole or in part, payment for a Fallon covered service due to service coverage issues.
- Fallon did not decide a standard or expedited (fast) service authorization request within the required timeframes. Please refer to the **Making authorization decisions** section of this *Member Handbook* for more information on authorization time frames.
- You were unable to obtain health care services within the time frames described in the **How long should you wait to see a doctor** section of this *Member Handbook*.

Fallon Health Customer Service: 1-855-508-4715 (TRS 711) Monday through Friday, 8 a.m. to 6 p.m.

Beacon Health Options Customer Service: 1-888-877-7183 (TDD/TTY: 1-781-994-7660) 24 hours a day, seven days a week.

MassHealth Customer Service 1-800-841-2900 (TTY: 1-800-497-4648) Monday through Friday, 8 a.m. to 5 p.m.

Section 12: How to file complaints, compliments, inquiries, grievances and appeals

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

1. Call Fallon's Member Appeals and Grievances Department at:
1-800-333-2535 (TRS 711),
Monday through Friday from 8:00 a.m. to 5:00 p.m.
2. Send a letter describing your request to:
Fallon Health
Attn: Member Appeals and Grievances Department
10 Chestnut St.
Worcester, MA 01608
3. Present your request, in person, Monday through Friday from 8:00 a.m. to 5:00 p.m. at:
Fallon Health
10 Chestnut St.
Worcester, MA 01608
4. Send an email to: grievance@fallonhealth.org

Once the request for an Internal Appeal is received, an acknowledgement letter is issued within one business day to you or to your authorized Appeal Representative.

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

1. Your name.
2. Your Wellforce Care Plan identification number (located on your Wellforce Care Plan member ID card).
3. The facts of your request. This information must be received by Fallon prior to the review of the Appeal. Also, you can present evidence and allegation of fact or law in person or in writing during the Appeals process.
4. Information about the outcome that you want.
5. The name of any Fallon representative that you have talked to.
6. If you think your condition requires an expedited (fast) Appeal as described in the How to file complaints, compliments, inquiries, grievances and appeals section of this *Member Handbook*, write or mention that you would like to request a 'fast' Appeal.

To ask for help with any of the Appeal process options, call the Fallon Member Appeals and Grievances Department at 1-800-333-2535, Monday through Friday from 8:00 a.m. to 5:00 p.m., or the Fallon Customer Service Department at 1-855-508-4715 (TTY users please call TRS Relay 711), Monday through Friday from 8 a.m. to 6 p.m. It's a good idea to fully review the *Covered and Excluded Services List* insert included with this *Member Handbook* prior to filing an Internal Appeal so that you will be aware of what is and what is not a covered service. If you need help with understanding your benefits, please call the Fallon Customer Service Department at the phone number listed above.

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

You may file the appeal:

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

Fallon Health Customer Service: 1-855-508-4715 (TRS 711) Monday through Friday, 8 a.m. to 6 p.m.

Beacon Health Options Customer Service: 1-888-877-7183 (TDD/TTY: 1-781-994-7660) 24 hours a day, seven days a week.

MassHealth Customer Service 1-800-841-2900 (TTY: 1-800-497-4648) Monday through Friday, 8 a.m. to 5 p.m.

Section 12: How to file complaints, compliments, inquiries, grievances and appeals

If you choose to give someone you trust permission to act on your behalf during the Internal Appeal, Fallon requires you to sign and return a Personal Representative Authorization form. This person is referred to as your authorized Appeal Representative. If you choose to have your physician or treating provider file an expedited appeal on your behalf, written authorization is not required.

To obtain the Personal Representative Authorization form, call the Fallon Member Appeals and Grievances Department at 1-800-333-2535, Monday through Friday from 8:00 a.m. to 5:00 p.m., or the Fallon Customer Service Department at 1-855-508-4715 (TRS 711), Monday through Friday from 8 a.m. to 6 p.m. If Fallon does not receive this form by the time that the deadlines expire for resolving your Internal Appeal, Fallon will notify you in writing that your Appeal has been dismissed. If you believe that you or your authorized Appeal Representative did in fact submit the Personal Representative Authorization form within the Internal Appeal deadlines, you can request that the dismissal be reversed by sending a letter to Fallon within ten (10) calendar days of the dismissal. Fallon will consider your request and will decide either to reverse the dismissal and continue with your Appeal or will uphold its dismissal. Fallon will notify you of this decision in writing. If Fallon upholds your dismissal, the dismissal will become final. If you disagree with this decision, you can Appeal to the Executive Office of Health and Human Services, Office of Medicaid's Board of Hearings (BOH).

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

Steps to take to file a standard internal appeal

You or your authorized Appeal Representative may file a standard or expedited (fast) Internal Appeal within sixty (60) calendar days of Fallon's notice to you telling you about any action or inaction that entitles you to an Appeal. But, if you did not receive such a notice, your Internal Appeal request must be filed within sixty (60) calendar days of learning on your own about Fallon's actions or inactions described above. If applicable, you can choose to continue receiving requested services from Fallon during the Internal Appeal process, but if you lose the Appeal, you may have to pay MassHealth back for the cost of these services. If you want to receive such continuing services, you or your authorized Appeal Representative must submit your Internal Appeal request within ten (10) calendar days from the date of the letter notifying you of the denial (or, if you did not receive a denial notice, ten (10) calendar days from the date of the action or inaction) and indicate that you want to continue to get these services.

If your Internal Appeal request is received more than sixty (60) calendar days after the denial letter notifying you of the action you are appealing (or, if you did not receive a denial notice sixty (60) calendar days from the date you learned of the action or inaction), Fallon will dismiss your Internal Appeal and will notify you in writing that your Appeal has been dismissed. If you believe that you did in fact submit your Internal Appeal within the deadlines, you can request that the dismissal be reversed by sending a letter to Fallon within ten (10) calendar days of the dismissal. Fallon will consider your request and will decide either to reverse the dismissal and continue with your Appeal or will uphold its dismissal. Fallon will notify you of this decision in writing. If Fallon upholds your dismissal, the dismissal will become final. If you disagree with this decision, you can Appeal to the Executive Office of Health and Human Services, Office of Medicaid's Board of Hearings (BOH) (see Option 2).

How the standard internal appeal process works

We will process your Appeal as quickly as your health requires and will notify you of our decision no later than thirty (30) calendar days from the date your standard Internal Appeal request is received.

Fallon Health Customer Service: 1-855-508-4715 (TRS 711) Monday through Friday, 8 a.m. to 6 p.m.

Beacon Health Options Customer Service: 1-888-877-7183 (TDD/TTY: 1-781-994-7660) 24 hours a day, seven days a week.

MassHealth Customer Service 1-800-841-2900 (TTY: 1-800-497-4648) Monday through Friday, 8 a.m. to 5 p.m.

Getting a standard internal appeal extension

1. If you want to send us more information regarding your Appeal, you or your authorized Appeal Representative may request an extension of up to fourteen (14) calendar days so you have more time to obtain your information.
2. Fallon may also take an extension of up to fourteen (14) calendar days to obtain necessary information. Please note that Fallon can only request an extension if:
 - The extension is in your best interest.
 - Fallon needs additional information that we believe, if we receive it, will lead to approval of your request.
 - Such outstanding information is reasonably expected to be received within fourteen (14) calendar days.

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

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

1. Proceed to the Executive Office of Health and Human Services, Office of Medicaid's Board of Hearings (BOH) for further Appeal (see Option 2).

How to request an expedited (fast) internal appeal

You or your authorized Appeal Representative can request an expedited (fast) Internal Appeal if you or your Appeal Representative feel that the thirty (30) calendar day time frame for a standard resolution could seriously jeopardize your life, health or your ability to get, maintain or regain maximum function. If your request for an expedited (fast) Internal Appeal is filed by your provider acting as your authorized Appeal Representative, or if your provider supports your request for an expedited (fast) Internal Appeal, then the request that your Appeal be expedited will be approved unless it is unrelated to your health status. Otherwise, Fallon has the right to determine whether or not to process the Appeal as an expedited (fast) Internal Appeal. Punitive action is not taken against a provider who requests an expedited appeal or supports a member's appeal.

If applicable, you can choose to continue receiving requested services from Fallon during the Internal Appeal process, but if you lose the Appeal, you may have to pay MassHealth back for the cost of these services. If you want to receive such continuing services, you or your authorized Appeal Representative must submit your Internal Appeal request within ten (10) calendar days from the date of the letter notifying you of the denial (or, if you did not receive a denial notice, ten (10) calendar days from the date of the action or inaction) and indicate that you want to continue to get these services.

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

1. File your Appeal over the telephone, in writing, in person or via e-mail.
2. Make sure you are clear in your request by stating, "I want a fast Appeal," or "I believe that my health could be seriously harmed by waiting 30 calendar days for a normal Appeal."

How the expedited (fast) internal appeal process works

If you meet the qualifications for an expedited (fast) Internal Appeal, Fallon will process your Appeal request and let you know of our decision orally and in writing, as quickly as your health requires, but not later than 72 hours from when we received your request.

Fallon Health Customer Service: 1-855-508-4715 (TRS 711) Monday through Friday, 8 a.m. to 6 p.m.

Beacon Health Options Customer Service: 1-888-877-7183 (TDD/TTY: 1-781-994-7660) 24 hours a day, seven days a week.

MassHealth Customer Service 1-800-841-2900 (TTY: 1-800-497-4648) Monday through Friday, 8 a.m. to 5 p.m.

Getting an expedited (fast) internal appeal extension

1. If you want to send us additional information that's important to your Appeal, you or your authorized Appeal Representative may request an extension of up to fourteen (14) calendar days.
2. Fallon may also make an extension of up to fourteen (14) calendar days only if:
 - The extension is in your best interest.
 - Fallon needs additional information that we believe, if we receive it, will lead to approval of your request.
 - Such outstanding information is reasonably expected to be received within fourteen (14) calendar days.

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

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

1. The Appeal request will be processed within the time frame for a standard Internal Appeal of thirty (30) calendar days.
2. You will be notified, in writing, that your Appeal request will be handled as a standard Internal Appeal.
3. If you disagree with this decision, you may file a Grievance. For more information about Grievances, refer to the Grievances section described above.

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

If you would like your Appeal to be treated as an expedited (fast) Appeal at the Executive Office of Health and Human Services, Office of Medicaid's Board of Hearings (BOH) (see Option 2), you should request your Appeal within twenty (20) calendar days. Requests received between days 21 and 30 will be treated as a standard Appeal by the BOH.

Option 2: request a hearing for a board of hearings appeal

Steps to take

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

1. You are dissatisfied with the Fallon's expedited (fast) Internal Appeal determination;
2. You are dissatisfied with the Fallon first-level standard Internal Appeal; or
3. If Fallon did not resolve your first level standard Internal Appeal, or did not resolve your expedited (fast) Internal Appeal within three (3) calendar days (or within fourteen (14) extra calendar days if there is an extension).

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

Executive Office of Health and Human Services
Office of Medicaid
Board of Hearings
100 Hancock St., Sixth floor
Quincy, MA 02171
Or fax to 1-617-847-1204

Fallon Health Customer Service: 1-855-508-4715 (TRS 711) Monday through Friday, 8 a.m. to 6 p.m.

Beacon Health Options Customer Service: 1-888-877-7183 (TDD/TTY: 1-781-994-7660) 24 hours a day, seven days a week.

MassHealth Customer Service 1-800-841-2900 (TTY: 1-800-497-4648) Monday through Friday, 8 a.m. to 5 p.m.

Section 12: How to file complaints, compliments, inquiries, grievances and appeals

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

To ask for help with any of the Appeal process options, call the Fallon Member Appeals and Grievances Department at 1-800-333-2535 (TTY users please call TRS Relay 711).

Board of hearings: expedited (fast) internal appeal

If your Appeal was an expedited (fast) Internal Appeal and you want BOH to make an expedited (fast) decision too, you or your authorized Appeal Representative must request a BOH Appeal within twenty (20) calendar days of Fallon's decision resolving your expedited (fast) Internal Appeal. If BOH receives your request between days twenty-one (21) and thirty (30), your Appeal will be processed as a standard Appeal. You tell the BOH that you want a fast appeal by checking the appropriate space on the BOH form.

How to receive continuing services

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

Reviewing your appeal file

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

Review of New Technologies

Fallon Health reviews new medical and behavioral health technologies as well as new uses for existing technologies. This is done to determine if they are effective and safe.

A designated team meets on a regular basis and is composed of physician administrators, practicing physicians from the plan's service area and plan staff. They perform a review which includes: reviewing medical research; review of reports from public agencies; and review of standards of care from national medical groups. When necessary, the team makes recommendations that can offer improved outcomes to our members.

Fallon Health has a separate but similar process for review of new drugs and medications.

Fallon Health Customer Service: 1-855-508-4715 (TRS 711) Monday through Friday, 8 a.m. to 6 p.m.

Beacon Health Options Customer Service: 1-888-877-7183 (TDD/TTY: 1-781-994-7660) 24 hours a day, seven days a week.

MassHealth Customer Service 1-800-841-2900 (TTY: 1-800-497-4648) Monday through Friday, 8 a.m. to 5 p.m.

Important things to remember about Wellforce Care Plan

Call 1-855-508-4715 now and pick a PCP

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

Carry both your Wellforce Care Plan and MassHealth ID cards

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

If you are sick, always call your PCP first unless it is an emergency

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

If it is an emergency, call 911

If you are very sick, or have an emergency, call 911, go to the nearest emergency room, or, if it is a behavioral health (mental health and/or substance abuse) emergency, call your local emergency service provider (ESP). ESP's provide emergency behavioral health evaluation, crisis intervention, and stabilization services. You may also call 911 or go to the local emergency room. For listing of emergency rooms and emergency services programs refer to our MassHealth *Provider Directory*.

If you need to change your PCP

As a Fallon member, you can change your PCP at any time and for any reason. To change your PCP, call the Customer Service Department at 1-855-508-4715. A representative will help you pick a new PCP. You can also visit fallonhealth.org/Wellforce to search for providers online.

Tell us about any changes

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

If you get a bill

If you get a bill for services you received from a provider, contact the Fallon Customer Service Department at 1-855-508-4715. A representative will help you with the bill or direct you to file an Appeal with the Member Appeals and Grievances Department.

Fallon Health Customer Service: 1-855-508-4715 (TRS 711) Monday through Friday, 8 a.m. to 6 p.m.

Beacon Health Options Customer Service: 1-888-877-7183 (TDD/TTY: 1-781-994-7660) 24 hours a day, seven days a week.

MassHealth Customer Service 1-800-841-2900 (TTY: 1-800-497-4648) Monday through Friday, 8 a.m. to 5 p.m.

Contacting MassHealth Customer Service

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

- Discuss any complaints that you may have with Wellforce Care Plan or MassHealth.
- Learn about other health care options.
- Request to change health plans if approved by MassHealth.

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

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