

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: 1-508-368-9382 (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>.

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 1-800-341-4848.

¡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 1-800-341-4848. (SPA)

ສໍາຄັນ! ຂໍ້ມູນນີ້ແມ່ນກ່ຽວກັບເງິນຊ່ວຍເຫຼືອ Fallon Health MassHealth ຂອງທ່ານ. ມັນຈໍາເປັນຕ້ອງມີການແປພາສາໃນທັນທີ. Fallon ສາມາດແປມັນໃຫ້ທ່ານໄດ້. ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອເລື່ອງການແປພາສາ ຫຼືຄວາມຊ່ວຍເຫຼືອອື່ນ, ໃຫ້ໂທຫາ Fallon ທີ່ເບີ 1-800-341-4848. (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1-800-341-4848。(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 1-800-341-4848. (HC)

ຕັ້ງຢາກສໍາຄັນ! ຕັ້ງຢາກສະເໜີສູ່ເຈົ້າກະຊວງສຸຂະພິນ ກ່ຽວກັບຜົນປະໂຫຍດ ຈາກ Fallon Health MassHealth ນັບສູ່ທ່ານ. ຖ້າທ່ານຕ້ອງການການແປພາສາ ຫຼືການຊ່ວຍເຫຼືອອື່ນ, ຈົ່ງສືບຕໍ່ສອບຖາມກັບຜົນປະໂຫຍດ ຈາກ Fallon ທີ່ເບີ 1-800-341-4848. (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 1-800-341-4848. (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 1-800-341-4848. (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 1-800-341-4848. (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 1-800-341-4848. (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 1-800-341-4848. (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 1-800-341-4848. (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 1-800-341-4848. (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 1-800-341-4848번으로 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 1-800-341-4848. (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 1-800-341-4848 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 1-800-341-4848 પર Fallon ને ફોન કરો. (GUJ)



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*.

**Standard/CommonHealth
Family Assistance
MassHealth CarePlus**

INTRODUCTION

Welcome to Fallon Health for MassHealth members

As a member of MassHealth, you have chosen to join Fallon Health—one of America's highest-ranked health plans according to The National Committee for Quality Assurance's (NCQA) Medicaid Health Insurance Plan Rankings for 2014-2015. Fallon Health is a Managed Care Organization (MCO), and we do more than just pay your medical bills. We also provide care through our own network of health care providers and medical centers. That means when you or your children get sick, you can always be sure you are getting excellent medical care. All you need to do is pick a primary care provider (PCP).

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 1-800-341-4848. 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 1-800-341-4848. 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.



1-800-341-4848

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.

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Definitions

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

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.

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

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

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

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

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

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

Emergency services: Services you get in a hospital or at a provider's office, or through an Emergency Services Program whether inside or outside the Fallon's service area, that are: (1) provided by a

Fallon Health Customer Service: 1-800-341-4848 (TRS 711) Monday through Friday, 8 a.m. to 6 p.m.

Beacon Health Options Customer Service: 1-888-421-8861 (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

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 *Fallon Health MassHealth Provider Directory* lists the hospital emergency rooms and Emergency Services Programs in all areas of the state.

Emergency Services Program (ESP): Providers that give you emergency behavioral health (mental health and/or substance abuse) screening, emergency services, 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.

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

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

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

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

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

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

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

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

Plan specialist: A licensed specialty physician or other specialty health care professional in the Fallon Health MassHealth 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.

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

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Beacon Health Options Customer Service: 1-888-421-8861 (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

Prior authorization: A promise by Fallon that we will pay for medically necessary covered services. These services must be provided by a Fallon provider for an eligible plan member. Please see the **Making authorization decisions** section of this *Member Handbook* to learn more about this process.

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

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

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.

Fallon Health Customer Service: 1-800-341-4848 (TRS 711) Monday through Friday, 8 a.m. to 6 p.m.

Beacon Health Options Customer Service: 1-888-421-8861 (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 Fallon Health?

Fallon Health is a Managed Care Plan (MCO). Being part of a Managed Care plan means that you will choose a primary care provider (PCP) who will manage your healthcare and coordinate your care with Specialists, if necessary. You can choose your PCP from Fallon Health's Provider Network.

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. Fallon 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 Fallon.

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 end your coverage with Fallon at any time. To disenroll from Fallon, 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 Fallon. You will no longer be eligible for coverage by Fallon as of your MassHealth disenrollment. You may automatically be re-enrolled in Fallon if you become eligible again for MassHealth within 366 days, as 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 Fallon.

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 Fallon, MassHealth will send you written notification of disenrollment, and you will be contacted by MassHealth to choose another health plan.

Fallon Health Customer Service: 1-800-341-4848 (TRS 711) Monday through Friday, 8 a.m. to 6 p.m.

Beacon Health Options Customer Service: 1-888-421-8861 (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 MassHealth Coverage

You must be MassHealth eligible in order to be covered by Fallon Health. Most people have to have their MassHealth eligibility re-determined every year. So make sure you immediately fill out and return your Eligibility Review Verification (ERV) form to MassHealth when you get it in the mail. If you need another form or help filling out the form, call Fallon Health'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 Fallon

To make sure you do not become disenrolled, renew your MassHealth coverage every year. MassHealth will mail you an eligibility review verification form 10 or 11 months from the date, you last applied. Complete the form and return it to MassHealth immediately. If you do not receive a form, contact MassHealth's Customer Service Center at 1-800-841-2900 (TDD/TTY: 1-800-497-4648) between 8 a.m. and 5 p.m., Monday through Friday. Or go to www.mass.gov to access the application, you can also get more information at www.fallonhealth.org 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 Fallon Health membership identification card (ID) card, which has important information about you and your benefits and proves that you are a member of Fallon. Your Fallon membership ID card is in addition to your MassHealth ID card. To get all of your benefits, you should always carry both your Fallon 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.



MassHealth

Member Identification Card (ID)

Every Fallon member receives a Fallon 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 Fallon Customer Service and MassHealth Customer Services so we can update your information.)*

Fallon Health Customer Service: 1-800-341-4848 (TRS 711) Monday through Friday, 8 a.m. to 6 p.m.

Beacon Health Options Customer Service: 1-888-421-8861 (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 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 1-800-341-4848 (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**. 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 Health 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 Fallon Health 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 Fallon 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 and may authorize continued treatment by that Provider. In addition, 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 1-800-341-4848. 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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MassHealth Customer Service 1-800-841-2900 (TTY: 1-800-497-4648) Monday through Friday, 8 a.m. to 5 p.m.

How to contact Fallon Health

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

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

Fallon Health Customer Service: 1-800-341-4848 (TRS 711) Monday through Friday, 8 a.m. to 6 p.m.

Beacon Health Options Customer Service: 1-888-421-8861 (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 Fallon Health MassHealth member needs to have a primary care provider (PCP). You will need to pick a PCP who is affiliated 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 Fallon Health MassHealth *Provider Directory*, which contains information about all of the PCPs in Fallon's MassHealth network. The Provider Directory can be found online at www.fallonhealth.org

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

There are different kinds of PCPs:

- Family practice PCPs treat adults and children and will sometimes provide women's health services if you are pregnant.
- Internal medicine PCPs (or "internists") treat adults over the age of 17.
- Pediatric PCPs treat children up to the age of 21 years.
- 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 1-800-341-4848 (TRS 711). A Customer Service Representative can tell you more information about the PCPs in the Fallon Health MassHealth 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 *Fallon Health MassHealth Provider Directory*, call a Fallon Customer Service Representative at the number above. You can also visit fallonhealth.org 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".

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 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."

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 Fallon Health MassHealth *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

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SECTION 2: Your Primary Care Physician (PCP)

health care. Your PCP makes sure you get all the right tests and treatments and refers you to specialists, if necessary. So if you need to make an appointment or have a question about your health, call your 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 *Fallon Health MassHealth Provider Directory* or call Fallon's Customer Service Department at the number below.

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

If you have any problems with your provider appointments, you should call Fallon's Customer Service Department at 1-800-341-4848 (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.

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 Fallon Health MassHealth network provider. In some cases, such as when the type of specialty that your condition

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SECTION 2: Your Primary Care Physician (PCP)

requires is not available from a Fallon Health MassHealth network provider, your PCP will need to **Request an authorization** from Fallon for you to see a provider outside of the Fallon Health MassHealth network. See below (the **Self-referral** section) to learn more about services that do not require a referral.

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

Self-referral

In certain instances, you can “self-refer” to a Fallon Health MassHealth network specialist. This means that you can call the specialist and make the appointment yourself. You do not need a referral from your PCP, but you must see a Fallon Health MassHealth 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 Fallon Health MassHealth network obstetrician, gynecologist, certified nurse midwife or family practitioner, including annual preventive gynecological health examination and any subsequent gynecological services determined to be necessary as a result of such examination; services for acute or emergent gynecological conditions and maternity care.
- Family planning services at any Fallon 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 1-800-341-4848 if you need help finding a provider for family planning services.
- Routine eye exams with a Fallon Health MassHealth 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 1-888-421-8861 (TDD/TTY: 1-781-994-7660) or refer to your *Fallon Health MassHealth 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;
- severe bleeding or head trauma
- 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 Fallon's MassHealth 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; or;
- Thoughts of hurting others.

You can find a statewide list of emergency rooms and emergency services programs in the *Fallon Health MassHealth Provider Directory*. You can also visit fallonhealth.org to search for providers online.

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

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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.

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 Fallon Health MassHealth providers to take over your care as soon as your condition and the circumstances allow. This means that if you get your emergency care from a hospital that is not part of our MassHealth network, we may arrange for you to be transferred to a Fallon contracted hospital when your condition is stabilized and it is medically appropriate. Please see the *Fallon Health MassHealth Provider Directory* for the list of Fallon contracted hospitals. You can also visit Fallon.org 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 Fallon Health MassHealth, 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 day 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.

Getting care when you travel

When members are away from home, Fallon Health 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 Fallon'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**

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SECTION 2: Your Primary Care Physician (PCP)

covered outside of Fallon's service area. The following are examples of care that is NOT covered if you get it while you are traveling:

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

A provider may ask you to pay for care received outside of Fallon'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 Fallon'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

Fallon 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.

If you or a family member needs Behavioral Health (mental health and/or substance use) Services, you may choose any provider in Fallon's Behavioral Health (mental health and/or substance use) network. You can make the appointment on your own or call Beacon Health Options at 1-888-421-8861 (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 Fallon'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 *Fallon Health MassHealth Provider Directory*, call Beacon Health Options at 1-888-421-8861, or call Fallon Customer Service at 1-800-341-4848. You can access the Fallon *Provider Directory* online at fallonhealth.org or call to request a hard copy.

Fallon Health Customer Service: 1-800-341-4848 (TRS 711) Monday through Friday, 8 a.m. to 6 p.m.

Beacon Health Options Customer Service: 1-888-421-8861 (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 Fallon Health MassHealth 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. The *Covered and Excluded Services List* can also be viewed online at fallonhealth.org.

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

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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

- 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*.

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 Fallon Health, 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; your provider must submit a request for those services to Fallon Health, Beacon Health Options (for Behavioral Health Services), or MassHealth.

Utilization Management

Utilization Management is a process used by qualified Fallon Health 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 Health will contact your provider to inform them of the decision.

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Transportation assistance

As a benefit from MassHealth, some Fallon Health MassHealth members may be eligible for non-emergency transportation to go to covered healthcare visits. This benefit is administered by MassHealth. However, Fallon Health 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.

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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*.

Fallon Health Customer Service: 1-800-341-4848 (TRS 711) Monday through Friday, 8 a.m. to 6 p.m.

Beacon Health Options Customer Service: 1-888-421-8861 (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 Health 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. 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 Coordination Department based on the information you include on the Health Needs Assessment (HNA) form that you are asked to complete upon your enrollment with Fallon. 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 1-800-341-4848 to request assistance from one of our Nurse Case Managers.

Fallon Health will help you coordinate all of the MassHealth services you are eligible for, including transportation

You are entitled to certain benefits under the Fallon Health MassHealth program. However, there are some other services that are covered 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.

Our Nurse Case Managers can help you coordinate any of these Fallon Health or MassHealth covered services. To contact our Nurse Case Managers, call Fallon’s Customer Service Department at 1-800-341-4848.

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 Nurse Case Managers at least ten (10) days prior to your healthcare appointment. If you are eligible, the Nurse Case Managers will coordinate transportation to your healthcare appointment and will help you fill out the MassHealth Prescription for Transportation Form (PT-1). Once MassHealth approves your PT-1 request, you will be able to arrange a ride as necessary.

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

If you get a bill

As long as you go to a Fallon Health MassHealth 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 Fallon Health MassHealth Program. However, if you get a bill for services you got from a provider,

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contact the Fallon Customer Service Department at 1-800-341-4848. 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*.

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 Fallon Health helps you take care of your health. Fallon Health covers most prescription drugs and select brand-name and generic (non-brand-name) over the counter drugs, with a prescription. You must use generic medicines when available, unless your healthcare provider writes “no substitutions” on the prescription AND a prior authorization has been approved.

As a member of Fallon Health MassHealth, most of the benefits and services you receive are at no out-of-pocket cost to you. However, there are some copayments associated with your pharmacy benefit that you would be responsible for paying:

The copayments for medications are as follows:

- \$3.65 for brand-name prescription drugs
- \$3.65 for generic prescription and over-the-counter drugs (generic and brand-name) for which you have a prescription from the doctor
- \$1 for generic prescription and over-the-counter drugs (generic and brand name) used to treat diabetes, hypertension, and hyperlipidemia. These drugs are called antihyperglycemics (such as metformin), antihypertensives (such as propranolol), and antihyperlipidemics (such as simvastatin)
- This applies to both first-time prescriptions and refills

You must pay the copayment if you can afford it, but if you cannot, do not go without the medicine. If you are unable to pay the copayment, your pharmacist must still give you the medicine you need. However, if you have not paid a copayment, you still owe the money to your pharmacist and you will need to pay it back later. Please call our Customer Service department if a pharmacy refuses to give you your prescription.

Over-the-Counter Drugs

Fallon Health covers many over the counter drugs such as cough, cold, and allergy medicines, with any applicable copayment, as listed on your *Covered and Excluded Services List*. You can get up to a 30-day supply of these drugs with a prescription from your PCP. Please call Fallon Health Customer Service for more information.

Exceptions to your pharmacy copayments

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

- You are under age 21.
- You are pregnant, or you get pharmacy services during the 60 days following the month your pregnancy ends. (You must tell the pharmacist you are pregnant.)
- You are an inpatient in an acute hospital, nursing facility, chronic-disease or rehabilitation hospital, or intermediate-care facility for the mentally disabled.
- You are getting hospice care.
- You are receiving family planning supplies.
- You have reached your annual copayment cap as described below.
- You are a Native American Indian or Alaska Native from a federally recognized tribe

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Section 6: Your pharmacy benefits

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

- 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 Fallon's network
- Drugs used for erectile dysfunction

Annual pharmacy copayment cap

There is a maximum \$250 "cap" (limit) on the amount of pharmacy copayments each MassHealth member will be required to make in a calendar year, unless you are not required to pay a copayment as listed above. (A calendar year is January through December.) The cap is the total dollar amount of the copayments you have been charged, whether or not you have actually paid them.

Each member of your family age 21 or older, unless they are not required to pay a copayment as listed above, will need to pay copayments until he or she reaches the cap. When the cap is reached, you cannot be charged additional copayments during that calendar year.

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

Other important information about your prescriptions

Pharmacy programs

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 Fallon Health website, fallonhealth.org. If you want a copy of the Formulary, please call our Customer Service Department at 1-800-341-4848 and ask for the Pharmacy department.

A formulary is a listing of drugs that are approved for coverage by Fallon Health. Fallon Health covers both brand-name and generic drugs. Fallon Health 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. Or, you can call our Customer Service Department.

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Section 6: Your pharmacy benefits

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 tiers 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 reviews new drugs for safety and efficacy before we add them to our formulary. If your provider feels that a new-to-market medication is medically necessary, he or she can submit a prior authorization request that will be reviewed by a clinician. If approved, 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.

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.

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

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

Generally, you cannot obtain a refill until most or all of the previous supply has been used. In most

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Section 6: Your pharmacy benefits

cases, Fallon will only allow you to get a 30-day supply of medicine at a time. Occasionally, for safety reasons or as directed by your health care prescriber, Fallon will allow less than a 30-day supply. Fallon makes these decisions by following the U.S. Food and Drug Administration (FDA) guidelines.

Exclusions

Fallon's prescription drug benefit features an open Preferred Drug List, in which the drugs or services listed below are excluded. However, if you or your provider feels that it is medically necessary for you to take a listed drug, he or she can submit a prior authorization that will be reviewed by a clinician and, if approved, 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 Fallon'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.

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

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(or any other clinician) discovers a health condition, Fallon will pay for any medically necessary treatment that is included in your child's coverage type.

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

If you or your child is under age 21 and is enrolled in MassHealth Standard or CommonHealth, 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 a CANS (child and adolescent needs and strengths) assessment, 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. 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 Fallon 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.

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. Six services were developed to meet the mission of CBHI.

Applied Behavior Analysis (ABA)

On October 1, 2015, Fallon Health 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

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Section 7: Health care for your children

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.

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

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✓ 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. Fallon Health 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.

Fallon Health 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 MassHealth eligible members as specified in 130 CMR 450.105 and 420.403. Members will receive a MassHealth ID card for 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.

***Effective May 15, 2015**

Fallon Health Customer Service: 1-800-341-4848 (TRS 711) Monday through Friday, 8 a.m. to 6 p.m.

Beacon Health Options Customer Service: 1-888-421-8861 (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.

Care management programs

Fallon Health 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.

Health Needs Assessment

When you enroll with Fallon Health, it's important that we understand how we can be of assistance to you. Your Welcome Packet contains a form called a Health Screening (Health Needs Assessment). The Health 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 Health Screening and return it to Fallon Health in the postage paid envelope found in your Welcome Packet.

Or, if you would prefer, call our Customer Service Department at 1-800-341-4848 (TRS 711) Monday through Friday from 8 a.m. to 6 p.m. and tell them that you want to **complete your Health Screening** over the phone.

Completing your Health 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

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)?

- Breast Cancer
- Cervical Cancer
- Colorectal Cancer
- HIV/AIDS
- Hypertension (high blood pressure)
- Kidney Disease
- Prostate Cancer

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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?

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 1-800-341-4848 (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 1-800-341-4848 (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
- 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.

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Call our Customer Service Department at 1-800-341-4848 (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 - 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?
- Do you or your child see a psychiatrist and other behavioral health providers?

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- 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 1-800-341-4848 (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 1-800-341-4848 (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:

- Free Prenatal vitamins and information about prenatal care
- Free convertible toddler car seat AND a free electric breast pump!
- 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 or *Siblings Without Rivalry, How to Help Your Children Live Together So You Can Live Too* by Adele Faber and Elaine Mazlish-----the choice is yours!

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 1-800-341-4848 (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**.

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

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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 1-888-421-8861
- Visit Beacon Health Options website at: www.beaconhealthoptions.com
- Call Fallon's Customer Service Department at: 1-800-341-4848 (TRS 711)
- Or visit the Fallon website: fallonhealth.org

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 1-800-341-4848 (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 Fallon Health 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 (keyword: "policies"), or for a printed copy call our Customer Service Department at 1-800-341-4848 (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.

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

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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 1-800-341-4848 to request a health care proxy form.

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

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

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

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Your rights and responsibilities as a member

Member rights

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

- Receive information about Fallon Health, 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 Fallon 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 Health's member rights and responsibilities policies.
- Be informed about how medical treatment decisions are made by Fallon Health or by providers that accept Fallon Health members, including payment structure.
- Choose a qualified primary care provider and hospital that accept Fallon Health members.
- Know the names and qualifications of physicians and health care professionals involved in your medical treatment.
- Receive information about an illness, the course of treatment and expectations for recovery in words that you can understand.
- Receive emergency services when you, as a non-health care professional, would have believed that an emergency medical condition existed.
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation.
- Keep your personal health information private as protected under federal and state laws—including oral, written and electronic information throughout Fallon Health. Unauthorized people do not see or change your records.
- Review and get a copy of certain personal health information. (There may be a fee for photocopies.) You also have the right to request that your medical records be changed or corrected.
- Exercise these rights regardless of your race, physical or mental ability, ethnicity, gender, sexual

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Section 11: Your rights and responsibilities as a member

orientation, creed, age, religion, national origin, cultural or educational background, economic or health status, English proficiency, reading skills, or source of payment for your care. Expect these rights to be upheld by both Fallon Health and the providers who accept Fallon Health 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 Health (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 (insert Plan name) 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 35 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 Fallon Health member, you have the responsibility to:

- Provide, to the extent possible, information that Fallon Health, 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.

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

Fallon Health
Customer Service Department
10 Chestnut St.
Worcester, MA 01608
1-800-341-4848 (TRS 711)

If you have questions regarding care provided by a Fallon 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

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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.

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 Fallon Health 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 Fallon Health, 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 1-800-341-4848 (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 Fallon 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 Fallon. We will resolve your Inquiries immediately or, at the latest, within one (1) business day of the day we receive it. We will let you know about the resolution on the day your Inquiry is resolved.

Grievances

You have the right to file a Grievance if you are not satisfied with an action or inaction taken by Fallon Health 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 Fallon Health 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 1-800-341-4848 (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.

Fallon Health Customer Service: 1-800-341-4848 (TRS 711) Monday through Friday, 8 a.m. to 6 p.m.

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

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.

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

Fallon Health Customer Service: 1-800-341-4848 (TRS 711) Monday through Friday, 8 a.m. to 6 p.m.

Beacon Health Options Customer Service: 1-888-421-8861 (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

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*.

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 Fallon plan identification number (located on your Fallon 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 1-800-341-4848 (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.

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

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.

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 1-800-341-4848 (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) (see Option 3).

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 thirty (30) 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 thirty (30) 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 thirty (30) calendar days after the denial letter notifying you of the action you are appealing (or, if you did not receive a denial notice thirty (30) calendar days from the date you learned of the action or inaction), 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

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

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 3).

How the standard internal appeal process works

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

Getting a standard internal appeal extension

1. If you want to send us more information regarding your Appeal, you or your authorized Appeal Representative may request an extension of up to five (5) calendar days so you have more time to obtain your information.
2. Fallon may also take an extension of up to five (5) 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 five (5) 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. Request, within thirty (30) calendar days, a second-level Internal Appeal hearing through Fallon (see Option 2); or
2. You may skip this process and proceed to the Executive Office of Health and Human Services, Office of Medicaid's Board of Hearings (BOH) for further Appeal (see Option 3).

How to request an expedited (fast) internal appeal

You or your authorized Appeal Representative can request an expedited (fast) Internal Appeal if you or your Appeal Representative feel that the twenty (20) calendar day time frame for a standard resolution could seriously jeopardize your life, health or your ability to get, maintain or regain maximum function. If your request for an expedited (fast) Internal Appeal is filed by your provider acting as your authorized Appeal Representative, or if your provider supports your request for an expedited (fast) Internal Appeal, then the request that your Appeal be expedited will be approved unless it is unrelated to your health status. Otherwise, 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.

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

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

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

How the expedited (fast) internal appeal process works

If you meet the qualifications for an expedited (fast) Internal Appeal, 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.

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

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

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

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

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

1. Your Appeal request must be received within ten (10) calendar days of the receipt of the Fallon

Fallon Health Customer Service: 1-800-341-4848 (TRS 711) Monday through Friday, 8 a.m. to 6 p.m.

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decision regarding your first-level standard Internal Appeal and If you choose to receive continuing services through your Appeal and if Fallon upholds its original denial, you may be responsible for paying MassHealth back for the cost of the continuing services.

2. You have the option of withdrawing your request for services.

How the second-level internal appeal process works

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

Getting a second-level internal appeal extension

1. If you want to submit additional information relevant to your Appeal, you can request an extension of up to five (5) calendar days.
2. If an extension was not taken by Fallon during the first-level standard Internal Appeal, Fallon may also take an extension of up to five (5) calendar days to obtain necessary information only if:
 - The extension is in your best interest.
 - 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 five (5) calendar days.
3. 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 second-level internal appeal, you may:

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

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

Steps to take

You 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 second-level Internal Appeal or expedited (fast) Internal Appeal determination;
2. You are dissatisfied with the Fallon first-level standard Internal Appeal and you wish to skip the second-level Internal Appeal hearing; or
3. If Fallon did not resolve your first level standard Internal Appeal or the second-level Internal Appeal within twenty (20) calendar days (or within five (5) extra calendar days if there is an extension), or did not resolve your expedited (fast) Internal Appeal within three (3) calendar days (or within fourteen (14) extra calendar days if there is an extension).

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

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

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.

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Important things to remember about Fallon

Call 1-800-341-4848 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 Fallon and MassHealth ID cards

Carry your Fallon 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 1-800-341-4848. A representative will help you pick a new PCP. You can also visit fallonhealth.org 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 1-800-341-4848. A representative will help you with the bill or direct you to file an Appeal with the Member Appeals and Grievances Department.

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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.

Contacting MassHealth Customer Service

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

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

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

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