

PRIMARY CARE CLINICIAN PLAN

MEMBER HANDBOOK

HELPING YOU WITH YOUR
HEALTH-PLAN BENEFITS





In an emergency,
you can go to any hospital.
You do not need
to worry about which
health plan you have.

For a medical emergency,
call 911.

For a mental health
emergency, call or text
the MA Behavioral
Health Help Line at
(833) 773-2445.

We speak your language.
If you need help from an
interpreter or translator, please
call the MassHealth Customer
Service Center.

MassHealth Customer
Service Center
(800) 841-2900,
TDD/TTY 711

Contents

1. Welcome!	1	5. Your primary care clinician . .	19
Important things you should know	1	What is a primary care clinician?	19
2. MassHealth PCC Plan		Providers who are PCCs.	19
membership	6	Your first appointment with your	
What is MassHealth?.	6	new PCC	20
What is the PCC Plan?	6	Visit schedule during pregnancy .	21
PCC Plan provider network. . .	6	Infants and children (younger	
PCC plan behavioral health		than 21) visit schedule	21
provider network.	7	Call your PCC first when you're	
Out-of-network services.	7	sick, unless you think it's an	
Family planning services	8	emergency	21
When you travel	8	Specialty care and referrals . . .	22
Keeping your providers		Changing your PCC.	22
up to date	9	6. Your healthcare	23
If you receive benefits other than		Emergencies and urgent care . . .	23
MassHealth	9	Getting an appointment when you	
Changing your health plan. . .	10	need one	25
3. Your MassHealth identification		Medical care appointments. . .	25
card	11	Behavioral health (mental health	
MassHealth will send you a		and substance use disorder) care	
MassHealth identification card .	11	appointments.	26
Lost your MassHealth		Staying healthy.	26
identification card?.	11	Pharmacy coverage	27
4. Your benefits	12	7. Oral health/dental services. . .	28
How to get benefits	12	Services for children (members	
Transportation	13	younger than 21).	28
Copays	13	Services for adults (members 21	
Specialty care and referrals. . .	13	and older)	29
Which services do not need a		How to find a dentist	29
referral?	14		
Prior authorization	14		
If you get a bill for services. . .	18		

8. Behavioral healthcare	30	Early and Periodic Screening, Diagnostic and Treatment services for members enrolled in MassHealth Standard or CommonHealth	39
Finding behavioral health (mental health and substance use disorder) providers	30	Early-intervention services for children with growth or developmental problems	40
Your behavioral health (mental health and substance use disorder) services coverage.	30		
Certified peer specialist (CPS) .	30		
MBHP Member Engagement Center	30		
9. Care management services . . .	32	12. Advance directives	41
Integrated Care Management Program.	32	Healthcare proxy.	41
Community Case Management program	33	Living will	41
10. Pregnancy and family planning services	34	13. Member rights	42
Pregnancy care.	34	My Ombudsman.	43
Make an appointment with your PCC, obstetrician/gynecologist (OB/GYN), or nurse midwife .	34	Massachusetts Behavioral Health Partnership (MBHP) Ombudsperson.	44
Doula services	35	14. Appeals and grievances	45
Pregnancy and oral health . . .	35	Naming a representative for your grievance or appeal	45
Your new baby	35	What do you do if you do not speak or read English?	45
Family planning services	36	The grievance process.	46
11. Services for children	37	How to file a behavioral health grievance	46
Preventive and well-childcare for all children	37	Filing a grievance about MassHealth services.	47
Preventive Pediatric Health- Care Screening and Diagnosis services for members enrolled in MassHealth Family Assistance.	38	The MBHP internal appeals process	48
		An expedited (fast) MBHP internal appeal	51
		The MassHealth Board of Hearings appeals process.	54

An expedited (fast) fair hearing at
the Board of Hearings55

After you file a Board of Hearings
appeal55

15. Notice of Privacy Practices . . 56

16. To report suspected fraud. . . 57

1. Welcome!

Welcome to the MassHealth Primary Care Clinician Plan (the PCC Plan). We're pleased to have you as a member.

This handbook, along with the covered services list, will help you understand your benefits and services as a PCC Plan member. You can find the list of covered services at www.mass.gov/info-details/primary-care-clinician-pcc-plan-for-masshealth-members.

Because this handbook contains important information, please keep it in a place where you can find it when you need it.

Important things you should know

1. This handbook is about the benefits and services you receive because you are a MassHealth member enrolled in the Primary Care Clinician (PCC) Plan.

These services include emergency services, medical services, vision care services, behavioral health (mental health and substance use disorder) services, pharmacy services, and dental services.

Please note that you will receive your behavioral health services through the Massachusetts Behavioral Health Partnership (MBHP). MBHP is MassHealth's behavioral health services contractor. There are a few important differences between the services you get directly from MassHealth and the behavioral health services you get from MBHP, especially concerning appeals and grievances. This handbook explains those differences.

2. Call us with your questions or changes.

Call the MassHealth Customer Service Center at (800) 841-2900 or TDD/TTY 711 on Monday through Friday, 8:00 a.m. to 5:00 p.m. The call is free.

Call if

- you have questions about MassHealth,
- you have questions about your PCC Plan coverage or benefits,

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- you have questions about Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services for children under 21
 - you want to change your Primary Care Clinician (PCC),
 - you want to change your health plan,
 - you need a new MassHealth ID card,
 - you move or change your phone number,
 - you want to ask for a change in a decision MassHealth made (request an appeal),
 - you want to file a complaint (grievance),
 - your employment status or income changes,
 - you have other health insurance,
 - you're pregnant or have recently had a baby,
 - you'd like help reading material you get from MassHealth,
 - you want to review the information you get from the PCC Plan in another language,
 - you want to speak with someone in a language other than English about MassHealth. You can get **oral interpretation services for free**. If you need interpreter services, please let us know on the call,
 - you want to review member materials in a language other than English. We can connect you with support and documentation in many languages. We can also give you documents in accessible formats such as large print and braille. These are free.

3. Call MBHP with behavioral health (mental health and substance use disorder) questions.

- Call MBHP at (800) 495-0086 or TTY at (877) 509-6981 or MassRelay 711. You can reach MBHP 24 hours a day if you have questions about MBHP or behavioral health services. The call is free.
- Call MBHP

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- if you have questions about your behavioral health (mental health and substance use disorder) services or benefits,
 - if you want more information about how to get these services or find a provider,
 - to ask for help reading any material you get from MBHP,
 - to ask for information in another language, or
 - to speak with someone in another language about your behavioral health services.

4. You can be enrolled in the PCC if you qualify for MassHealth and

- are younger than 65,
- do not have other insurance (including Medicare),
- live in the community (for example, not in a nursing facility), and
- are in MassHealth Standard, CommonHealth, CarePlus, or Family Assistance.

5. You have a primary care clinician (PCC).

Your PCC will take care of most of your health needs. Your PCC can be either a doctor or a nurse practitioner. You can change your PCC at any time. If you want to change your PCC, call the MassHealth Customer Service Center.

6. The PCC Plan has providers and hospitals throughout the state.

You can find MassHealth providers (such as medical care providers, medical-care specialists, behavioral health providers, and hospitals) all over Massachusetts. For more information, call the MassHealth Customer Service Center or visit <https://masshealth.ehs.state.ma.us/providerdirectory/>.

MBHP has behavioral health (mental health and substance use disorder) providers throughout the state, too. For more information, call MBHP at (800) 495-0086.

7. Present Your MassHealth ID card when you need services.

You can use your MassHealth ID card to get PCC Plan services, such as healthcare and prescriptions. This includes the services you get from MBHP. Carry your MassHealth ID card with you always. If you lose your ID card, call the MassHealth Customer Service Center for a replacement.

8. You have pharmacy coverage.

PCC Plan members can get medicines at pharmacies in Massachusetts that work with MassHealth. Call the MassHealth Customer Service Center to find the pharmacy closest to you. Read more about pharmacy coverage later in this handbook.

9. You can receive emergency care for medical and behavioral health (mental health and substance use disorder) emergencies.

- For a medical emergency, call 911.
- For a behavioral health emergency, you may call the **MA Behavioral Health Help Line (BHHL) at (833) 773-2445**. The BHHL connects people and families to the full range of treatment services for mental health and substance use when and where you need it. The BHHL is free and confidential. You can get real-time interpretation in over 200 languages. Call or text at (833) 773-2445 or chat online at www.masshelpline.com.

10. Any covered services you receive are free.

MassHealth providers, including your PCC, are not allowed to charge you fees or copays.

11. Some services require referrals or prior authorization or both.

Some covered services may need a referral or prior authorization (PA) or both. A PA is an approval from MassHealth for a service. Read more about referrals and PA under “Prior authorization” in Section 4.

2. MassHealth PCC Plan membership

What is MassHealth?

MassHealth is the name of the Medicaid and Children's Health Insurance Program in Massachusetts. The Executive Office of Health and Human Services (EOHHS) runs this program.

What is the PCC Plan?

The Primary Care Clinician (PCC) Plan is a managed-care health plan for MassHealth members throughout Massachusetts.

Each PCC Plan member must choose a doctor or nurse practitioner to be a primary care clinician (PCC). If you do not choose a PCC, we will choose one for you. It's better if you make the choice.

You can see your PCC when you need a checkup or are sick. Your PCC will get to know your health needs, and help you get other health services if you need them. Read more about PCC's in Section 5.

PCC Plan provider network

The PCC Plan provider network includes doctors, nurse practitioners, hospitals, pharmacies, and other healthcare providers who are MassHealth providers.

Make sure you check to see if a provider accepts MassHealth before visiting that provider for healthcare. If you go to a provider who does not accept MassHealth, MassHealth will not pay for the services unless it is an emergency.

If you need help finding a MassHealth PCC Plan provider in your area, please call the MassHealth Customer Service Center at (800) 841-2900 or TDD/TTY 711.

PCC Plan behavioral health provider network

As a PCC Plan member, you can get behavioral health (mental health and substance use disorder) services from the Massachusetts Behavioral Health Partnership (MBHP). MBHP is MassHealth's behavioral health services contractor. MBHP has a large network of mental health and substance-use disorder providers and hospitals throughout the state.

Use your MassHealth ID card to get behavioral health services from any MBHP provider. You do not need a referral to see any of MBHP's providers.

All you need to do is choose a behavioral health provider from the MBHP Provider Directory. You can find the directory online at www.masspartnership.com. When you get to the page, click "Find a Behavioral Health Provider." If you would like a printed copy of the Provider Directory, please call MBHP at (800) 495-0086.

After you choose a provider from the directory, please call MBHP to make sure your provider still works with MBHP. This directory is updated weekly, but providers may change from time to time.

Although you do not need a referral to see an MBHP provider, some covered services may need prior authorization (PA). For more information about PA, see "Your benefits" in Section 4.

Out-of-network services

Medical services

The PCC Plan will not pay for services delivered by a provider who is not a MassHealth provider unless it is an emergency.

You can get care for emergencies from any provider. For more information about emergencies, see "Your healthcare" in Section 6. If you have an emergency, get care right away.

Behavioral health services

MBHP will not pay for services provided by a behavioral health provider who is not in the network unless

- it is an emergency, or
- the MBHP network cannot provide those services.

You can get care for behavioral health emergencies from any behavioral health provider. For more information about behavioral health emergencies, see “Your healthcare” in Section 6. If you have a behavioral health emergency, get care right away.

If MBHP’s network cannot provide the services, MBHP will cover the out-of-network services until the network can provide them.

Call MBHP if you have questions about out-of-network behavioral health services

Family planning services

You can receive family planning services from a MassHealth family planning provider. No prior authorization or referral is required to receive these services. If you need help finding a family planning provider, call the MassHealth Customer Service Center.

For more information on family planning services, go online to www.mass.gov/info-details/masshealth-sexual-and-reproductive-health-services-for-members.

When you travel

The PCC Plan will pay for you to see an out-of-state provider for medical care only if

- you have an emergency,
- your health would be at risk if you had to travel home to receive care,
- It is common for people in your geographic area to see providers in another state (as determined by MassHealth), or

-
- MassHealth determines that the services you need, or necessary supplementary resources, are more readily available in the other state.

Please share your PCC Plan member information with out-of-state providers so they can send your bill or bills to MassHealth.

If you receive a bill from an out-of-state provider or have questions about filling a prescription at an out-of-state pharmacy, contact the MassHealth Customer Service Center.

Keeping your providers up to date

We want to make sure you get the right services at the right time. Be sure to tell your providers about:

- all the healthcare you are getting,
- any medicine you are taking (both prescription and over-the-counter medications), and
- any health problems you may have.

If you receive benefits other than MassHealth

You should report changes if you receive these benefits.

- If you get Transitional Assistance for Dependent Children (TAFDC) or Emergency Aid for Elderly, Disabled or Children (EAEDC), call your local Department of Transitional Assistance (DTA) office at (800) 445-6604 or TTY at (888) 448-7695.
- If you get Supplemental Security Income (SSI) or Social Security Disability Income (SSDI), call your nearest Social Security Administration (SSA) office at (800) 772-1213 or TTY at (800) 325-0778.
- If you get assistance from the Massachusetts Commission for the Blind (MCB), call the MCB at (800) 392-6450 or TDD at (800) 392-6556.

Changing your health plan

As a PCC Plan member, you can change your health plan at any time. To find out about changing, call the MassHealth Customer Service Center and say, “I would like to change my health plan.”

The MassHealth Customer Service Center can

- give you information about other health plans in your area,
- change your health plan while you are on the phone, and
- tell you when you can start getting healthcare from your new health plan.

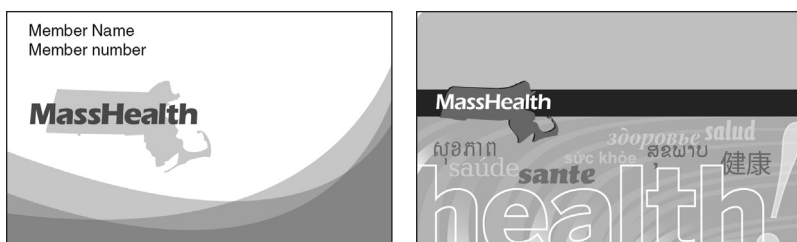
In general, you must enroll in a health plan that is offered in the service area where you live. You can call the MassHealth Customer Service Center to find out which health plans are offered in your service area. There are certain cases where you can choose a health plan that is not available in your service area. For more information about these cases, call the MassHealth Customer Service Center.

To learn more about health plans or to change your enrollment you can also visit www.MassHealthChoices.com.

3. Your MassHealth identification card

MassHealth will send you a MassHealth Identification card

MassHealth will send you a MassHealth identification (ID) card that looks like the one of the images below. Carry it with you, and use it to get your PCC Plan services, including services from MBHP.



This is a sample of the front of a MassHealth ID card.

Remember to carry your MassHealth ID card and show it to get healthcare services or medicine.

Please check your MassHealth ID card to make sure the information is correct. If it's not correct, or if you did not get a card, please call the MassHealth Customer Service Center.

Lost your MassHealth identification card?

To get a new MassHealth ID card, call the MassHealth Customer Service Center.

If you don't have your card, your PCC or other provider can look for your name in the MassHealth system or call the MassHealth Customer Service Center for help.

4. Your benefits

How to get benefits

As a PCC Plan member, you can get services from your PCC, MBHP providers, and other MassHealth providers. Just show your MassHealth ID card to get your benefits and services. You can also access other supports if you have a medical or a behavioral health condition through the Integrated Care Management Program. The Integrated Care Management Program (ICMP) is for PCC Plan members. ICMP can help you learn more ways to care for your medical, mental health and/or substance use disorders. Please see “Care management services” in Section 9 for more information.

Some covered services may need a referral or prior authorization (PA) or both. However, many covered services, such as emergency healthcare, obstetric (pregnancy) services, and family planning services do not require a referral or PA. Behavioral health services do not require a referral, although some behavioral health services require PA.

You can look at the covered services list for more information about the services covered by MassHealth, and if the services need PCC referral or PA or both.

This list and the handbook may change. For the most up-to-date information or if you need help getting benefits or services, you can visit www.mass.gov/info-details/primary-care-clinician-pcc-plan-for-masshealth-members or

- talk to your PCC,
- call the MassHealth Customer Service Center, or
- call MBHP.

Transportation

You may be able to get transportation services when it is medically necessary to take you to get care. Call the MassHealth Customer Service Center to find out if you can get these services or visit www.mass.gov/info-details/learn-about-non-emergency-medical-transportation-for-masshealth-members.

Copays

As of April 1, 2024, there are no copays for any MassHealth covered services for PCC Plan members. If you have questions, please call the MassHealth Customer Service Center.

Specialty care and referrals

You may need to see a specialist for certain health problems. A specialist is a doctor or other healthcare provider who has special training, practices a special kind of care, or who provides special treatments. For example, if you have a problem with your heart, you may need to see a cardiologist.

As a PCC Plan member, you can see specialists. However, the PCC Plan requires you to have a referral to see certain types of specialists. A referral is permission to see a specialist. Your PCC will submit a referral to MassHealth if you need to see a specialist. Also, your PCC will work with your specialists to help you get the care you need. It makes good health sense to ask your PCC to help coordinate any specialty care you may need, even if you don't need a referral to see that specialist.

If you want to know if you need a referral you can

- ask your PCC,
- check the covered services list, or
- call the MassHealth Customer Service Center.
 - If you go to a specialist that requires a referral and you did not get a referral beforehand, the specialist may refuse to see you.
 - You may need a referral to see a specialist even if you have seen that specialist before.

Please keep in mind that MassHealth-covered services and benefits change from time to time and referral flexibilities may be available. This handbook and the covered services list are for your general information only and should not be the only thing you rely on to find out if you have MassHealth coverage for the service you need or if a referral is required. The best way to find out this information is to call the MassHealth Customer Service Center at (800) 841-2900, TDD/TTY: 711 Monday through Friday from 8:00 a.m.–5:00 p.m.

Also, MassHealth regulations control the covered services and benefits available to you. To look at MassHealth regulations, visit www.mass.gov/masshealth-and-eohhs-regulations.

Which services do not need a referral?

Some services do not need a referral, such as

- emergency services,
- behavioral health services,
- obstetric (pregnancy) services,
- doula services, and
- family planning services.

There may be other times when you don't need a referral. Ask your PCC or call MassHealth Customer Service Center for more information.

Prior authorization

MassHealth or MBHP must approve certain healthcare and pharmacy services before you get them. This is called prior authorization (PA). During the PA process, MassHealth or MBHP decides if the requested service is medically necessary for you. If you want to know if you need a PA for a service or medication, you can:

- ask your PCC,
- check the covered services list,
- call the MassHealth Customer Service Center for questions about healthcare services and medications,

-
- call MBHP for questions about behavioral health services, or
 - go to www.mass.gov/druglist to see a list of medications that require PA.

If you disagree with a decision made about a request for PA, you can appeal the decision.

Read more about appeals later under “Appeals and grievances” in Section 14.

Prior authorization from MassHealth for medical services, medical equipment, pharmacy, and transportation

When your PCC or another medical provider thinks you need a service or medication that needs PA, your provider will ask MassHealth for PA.

MassHealth must decide on your provider’s request within the following time frames:

If you request this service	MassHealth has this long to decide
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Pharmacy (medicine)	24 hours
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Transportation	7 calendar days (or the number of days
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needed to avoid	
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	serious risk to the health or safety of the member)
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Private-duty-nursing services	14 calendar days
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Durable medical equipment	15 calendar days
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All other services	21 calendar days
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If MassHealth approves the PA request, we will send a letter to you and your provider so you can get the services or medication.

If the PA request is not approved in its entirety, MassHealth will send you a letter notifying you that MassHealth

- does not authorize any of the requested services or medication,
- approves only some of the requested services or medication, or
- does not approve the full amount, time, or scope of the services or medication requested.

If MassHealth does not act on a request for PA within the time frames above, you can file an appeal with the Board of Hearings. Read more about appeals later in “Appeals and grievances” in Section 14. MassHealth **will not pay** for a service that needs PA if approval was not given.

For more information about requesting PA for Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services, see “Services for children” in Section 11.

Preadmission screening by MassHealth for certain hospital stays

All medical and surgical elective admissions to an acute hospital must be approved by MassHealth. If you plan to be hospitalized for an elective procedure, your doctor or nurse will submit the necessary paperwork to make a request on your behalf.

If MassHealth approves the request, we will notify you and your provider, and you can get the requested services.

If MassHealth does not approve the hospitalization, we will send you a letter telling you so. You have the right to appeal the decision to the Board of Hearings.

When PA is needed for behavioral health (mental health and substance use disorder) services

When your behavioral health provider thinks you need a service that needs PA, your provider will ask MBHP for the PA.

For inpatient services and 24-hour diversionary services, MBHP will make a decision within 24 hours of request.

For outpatient services, outpatient day services, and non-24-hour diversionary services, MBHP will make a decision within 14 calendar days of the request.

If your provider or MBHP thinks that taking 14 days to decide the request will put your health at risk, MBHP will make a decision within

three working days. This time frame may be extended by an additional **14 calendar days**, if you, your provider, or MBHP asks for more time. MBHP can ask for more time only if it is in your best interest and more information is needed.

If MBHP approves the request, the provider and member will both receive written notice. MBHP will pay for the service.

Any time that MBHP makes or denies a request, MBHP will send you a letter to let you know the reasons. You have the right to file an appeal if you don't agree with MBHP's reasons. Read more about filing an appeal in Section 14.

You will also receive a letter if MBHP

- does not authorize any of the requested services,
- approves only some of the requested services, or
- does not approve the full amount, time, or scope of the services requested.

You have the right to appeal the decision to MBHP. Also, if MBHP does not act on the request within the time frames above, you can file an appeal with MBHP. Read more about filing an MBHP internal appeal in Section 14.

MBHP will not pay for a service that needs PA if approval was not given.

For more information about requesting PA for Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services, see in Section 11.

If you get a bill for services

You should never get a bill for a covered service when you are a PCC Plan member. Providers may not charge you or take money from you for any services if they can get paid by MassHealth or MBHP.

For information about covered services, see the covered services list. You can see it on the MassHealth website on the Primary Care Clinician (PCC) Plan for MassHealth members page (www.mass.gov/service-details/primary-care-clinician-pcc-plan-for-masshealth-members). If you have questions, please call the MassHealth Customer Service Center.

If you get a bill for a MassHealth-covered service, call the doctor's office and say, "I am a PCC Plan member and I got a bill. Here is my MassHealth card number."

If you keep getting bills, call MassHealth Customer Service Center. We'll help you.

If you get a bill for a MassHealth-covered behavioral health (mental health and substance use disorder) service given by an MBHP provider, call MBHP.

5. Your primary care clinician

What is a primary care clinician?

You and each of your family members enrolled in the PCC Plan must choose a primary care clinician (PCC). A PCC is your personal doctor or nurse practitioner. If there are adults and children in the family and everyone wants the same PCC, you can choose a family-practice provider to be the PCC for each family member.

Your PCC will do many things for you and your family, such as

- give you checkups and help you stay well,
- treat you for most of your medical problems,
- refer you to any specialists and work with your specialists to help you get the care you need,
- admit you to the hospital, if necessary,
- write prescriptions, and
- keep your medical records.

Providers who are PCCs

Here are some providers who can be PCCs:

- Family-practice doctors treat adults and children. They may also take care of a person who is pregnant,
- Internal medicine doctors (internists) treat adults and older teenagers,
- Pediatric doctors (pediatricians) may treat children and young adults up to the age of 21, and
- Independent nurse practitioners

PCCs practice at different places, such as

- single practices,
- group practices,
- community health centers,

-
- hospital-licensed health centers, and
 - hospital outpatient departments.

Your first appointment with your new PCC

When you become a PCC Plan member, make an appointment to visit your PCC for a checkup if you have not had one with this provider before and if you have not had one recently. The guide below will help you know when checkups are due.

To make an appointment, call your PCC's office and tell the office staff this is your first visit with the PCC, and you want to make an appointment for a full checkup. When you see your PCC for the first time, they will ask you questions about your health and your family's health. The more your PCC knows about your health history, the better they can help with your care. Before your visit, you might find it helpful to fill out a Health Needs Assessment, which you can get online at the MBHP website in the "Getting Started" section at www.masspartnership.com/mbhp/en/home/getting-started.

If you need help filling it out, call MBHP and someone help you.

If you have difficulty getting an appointment with your PCC, call MassHealth Customer Service Center.

Here is a guide for how often visits are recommended for adults, pregnant people, and infants and children. These are recommendations. You should discuss what is appropriate for you with your PCC or other providers.

Adults visit schedule

Schedule a visit every one to three years, depending on your age and risk factors.

Visit schedule during pregnancy

Contact your provider to schedule your first appointment as soon as you think you may be pregnant.

Women with health or pregnancy problems may need more visits.

Stage of Pregnancy	Visit Frequency
Up to 28 weeks	Once a month
28 to 36 weeks	Once every two weeks
From 36 weeks until delivery (40-42 weeks)	Weekly
Postpartum visit	Usually four to six weeks after delivery, may be sooner or more frequent if needed

Infants and children (younger than 21) visit schedule

MassHealth recommends taking your child for full physical exams and screenings at these ages:

- Newborn (may occur in the hospital prior to discharge)
- 3 to 5 days old
- 1 month old
- 2 months old
- 4 months old
- 6 months old
- 9 months old
- 12 months old
- 15 months old
- 18 months old
- 24 months old
- 30 months old
- Once a year if you are between 3 and 20 years old

Read more about care for children in Section 11.

Call your PCC first when you're sick, unless you think it's an emergency

If you think you're having a life-threatening emergency, call 911 or go to the closest emergency room right away! If it's a behavioral health

emergency, call or text the Massachusetts Behavioral Health Help Line (BHHL) at (833) 773-2445 to be connected to behavioral health treatment 24 hours a day, 7 days a week. The BHHL has access to real-time interpretation for over 200 languages. It is available no matter insurance status. You can also chat with us at www.masshelpline.com. At all other times, call your PCC and ask what to do. You can call your PCC 24 hours a day, seven days a week. If your PCC is not there, another doctor or healthcare provider will help you.

Specialty care and referrals

Read more about seeing specialists and getting referrals under Section 4.

Changing your PCC

You can change your PCC whenever you want. To change your PCC, call the MassHealth Customer Service Center. We'll help you choose a PCC for you and each family member covered by the PCC Plan.

If a PCC requests to disenroll you from their practice

A PCC may ask to have you removed from their list of patients. The PCC can make this request if you have a pattern of disruptive behavior, including but not limited to violence or threats of violence to any staff member or other patient at the practice. If you are disenrolled from a PCC practice, you have the right to appeal. Read more about appeals in Section 14. A PCC cannot ask to have you removed from their list of patients for these reasons:

- your health condition,
- your use of medical services,
- your mental capacity,
- your behavior that is a result of your behavioral health condition or special needs.

6. Your healthcare

Emergencies and urgent care

An **emergency** is any serious healthcare problem that you think needs to be treated right away. If you have an emergency, you should get care immediately. If you have a medical emergency, you can

- call 911, or
- go to the closest emergency room right away.

If you have a behavioral health emergency, you may also call or text the Behavioral Health Help Line (BHHL) at 833-773-2445 or chat online at www.masshelpline.com. For non-emergency care, call your PCC and ask what to do. You can call your PCC 24 hours a day, seven days a week. If your PCC is not there, another doctor or healthcare provider will help you.

Examples of emergencies

Here are some common medical and behavioral health (mental health and substance use disorder) emergencies, but there are other kinds of emergencies, too.

Medical emergencies

- broken bones
- chest pain
- convulsions
- fainting or dizzy spells
- heart attacks
- heavy bleeding
- loss of consciousness
- poisoning
- serious accidents
- severe burns
- severe headaches
- severe pain
- severe wounds
- shortness of breath
- stroke (this includes numbness or difficulty with speech)
- sudden change of vision
- sudden, severe pain or pressure in or below the chest
- throwing up blood
- throwing up a lot
- someone who won't wake up

Behavioral health emergencies

- wanting to harm yourself
- wanting to harm other people
- out of control behavior that is a significant change from your usual behavior
- severe social isolation

Other things you should know about emergency care

You do not need a referral or prior authorization for emergency care. You can get ambulance transportation for emergencies. After an emergency, call your PCC and make a follow-up appointment. Also call your behavioral health provider after a behavioral health emergency.

Urgent care

An urgent condition is a health problem that's serious, but that you don't think is an emergency. You can call your PCC to get care. Your PCC must see you within 48 hours of your request.

If you have an urgent behavioral health condition, your behavioral health provider must see you within 48 hours of your request.

If you're out of town and have an urgent condition, call your PCC. Your PCC will tell you how to get care. You can call your PCC 24 hours a day, seven days a week. If your PCC is not there, another doctor or healthcare provider will call you back.

Getting an appointment when you need one

When you don't feel well or when you want to see your healthcare provider, you don't want to wait too long for an appointment. Your provider must provide you care within these time frames.

Medical care appointments

- **Emergency care:** A provider of emergency medical service must give you care immediately after you ask for care. Please see Section 1 for emergency-care information.
- **Urgent care:** If something is wrong, but you do not think it is an emergency, your PCC must give you care within 48 hours after you ask for an urgent care appointment.
- **Primary care (non-urgent):** If you are sick or have other symptoms that are not urgent, your PCC must provide you care within 10 calendar days after you ask for an appointment.
- **Primary care (routine):** If you're not sick and don't have any other symptoms, your PCC must provide you care within 45 calendar days after you ask for an appointment.
- **Children placed in the care or custody of the Department of Children and Families (DCF)**

If you have responsibility for a child who is placed in the care or custody of DCF, the child's PCC must:

- provide an appointment for the child for a healthcare screening within seven calendar days after you or the DCF worker asks for it, and

-
- provide an appointment for 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 Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services schedule). See “Services for children” in Section 11.

You should keep appointments, be on time, and call in advance if you are going to be late or must cancel.

Behavioral health (mental health and substance use disorder) care appointments

- **Emergency care:** A community behavioral health center (CBHC) or other provider of emergency behavioral health services must provide you care within 60 minutes after you ask for care. See Section 1 for emergency care information.
- **Urgent care:** If something is wrong, but you do not think it is an emergency, your provider must give you care within 48 hours after you ask for an appointment.
- **Non-urgent care:** A provider must give you care within 14 calendar days after you ask for an appointment.

If you do not get care or an appointment from a provider within these time frames, you can file a grievance. Please see “Appeals and grievances” in Section 14 for more information.

You should keep appointments, be on time, and call in advance if you are going to be late or must cancel..

Staying healthy

Remember, you can prevent some health problems if you get regular healthcare before you get sick.

If you haven’t been receiving regular care from a primary care provider, you should make an appointment as soon as possible with your PCC.

Pharmacy coverage

Your healthcare provider needs to write or call in a prescription for all medications you need, including those that are sold over the counter.

Please note that as of April 1, 2024, there are no copays for any MassHealth-covered service, including prescription medications, for PCC Plan members.

For more information about pharmacy services, call the MassHealth Customer Service Center at (800) 841-2900, TDD/TTY: 711, go to the MassHealth Drug List at www.mass.gov/druglist, or see the covered services lists online at www.mass.gov/service-details/primary-care-clinician-pcc-plan-for-masshealth-members.

7. Oral health/dental services

For more information about the dental services covered by MassHealth you can look at the covered services list at www.mass.gov/primary-care-clinician-pcc-plan-for-masshealth-members.

Members enrolled in MassHealth Standard and CommonHealth are eligible for all medically necessary dental services.

Members younger than age 21 enrolled in MassHealth Family Assistance are covered for medically necessary dental services according to the coverage type.

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

Services for children (members younger than 21)

MassHealth pays for dental services, including screenings, fillings, sealants, cleanings, fluoride application, and many other treatments for children younger than the age of 21. Routine exams are visits to the dentist for a dental checkup. Dental checkups are an important part of your child's overall health. The dentist will look in your child's mouth to see if your child's teeth and gums and the bones supporting the teeth are healthy. At this time, the dentist will see if your child needs other dental services. Sometimes during the checkup, the dentist will clean your child's teeth and take x-rays.

Your child should begin going to the dentist when you see their first tooth appear, and no later than 12 months old. Your child's PCC will do a dental screening at each well-child checkup and may also apply a fluoride varnish to your child's teeth to prevent cavities. The PCC will remind you to take your child to a dentist for a full oral examination and cleaning. Every child should see a dentist for this full examination every six months. No referral is needed from your child's PCC to see a dentist for these services.

Services for adults (members aged 21 and older)

MassHealth members aged 21 and older are eligible for dental services performed by a MassHealth dentist. Covered dental services for adults include screenings, cleanings, fillings, extractions, dentures, some oral surgeries, and certain restorative services. Please see the covered services list for more information about the dental services covered by MassHealth.

How to find a dentist

MassHealth will pay for covered dental services only if they are provided by dental providers enrolled in MassHealth. Dental customer service representatives can help you find a MassHealth dental provider who is taking new patients and can even help you schedule an appointment. To speak with a dental customer service representative, call Dental Customer Service at (844) MH-DENTL ([844] 643-3685).

Dental customer service representatives can give you a list of dentists who are enrolled in MassHealth. The list is called the MassHealth Dental Provider Directory. You can view the directory yourself on the internet at https://provider.masshealth-dental.net/MH_Find_a_Provider.

8. Behavioral healthcare

Finding behavioral health (mental health and substance use disorder) providers

If you need behavioral health (mental health or substance use disorder) services, MBHP will work with you and your PCC to help you get the care you need. You can click “Find a Behavioral Health Provider” on the MBHP website at www.masspartnership.com or call MBHP at (800) 495-0086 or MassRelay at 711 to find a behavioral health provider in the MBHP network.

You do not need a referral from your PCC to see a behavioral health provider.

Your behavioral health (mental health and substance use disorder) services coverage

You can look at a list of behavioral health services covered by MBHP on the MBHP website at www.masspartnership.com/mbhp/en/home/services/covered-services. You can also read about additional services for members younger than 21 under “Services for children” in Section 11.

This list and the handbook may change. For the most up-to-date information or if you need help getting behavioral health services, you can call MBHP.

Certified peer specialists

MBHP offers certified peer specialists (CPS) for MassHealth PCC Plan members. A CPS has “lived experience.” They either have a history of or have a family member with a mental health or substance use disorder or both. Because of this, the CPS can teach, offer support, and help you and your family work with the healthcare system. Peers offer support without judgement. They provide hope that recovery is possible.

For more information on certified peer specialists, call (800) 495-0086, Ext. 706870.

MBHP Member Engagement Center

The Member Engagement Center is the place to start to learn about the MBHP services available to you. When you call the Member Engagement Center at (800) 495-0086, the team can

-
- help you understand the services available to you as a member of MBHP,
 - work with you to complete a Health Needs Assessment,
 - connect you to other services with your health needs in mind, and
 - help you join support groups, if you're interested.

Behavioral health resources:

- For a behavioral health emergency, you may also call the **MA Behavioral Health Help Line (BHHL)**. The BHHL connects people and families to the full range of treatment services for mental health and substance use when and where you need it. The BHHL is free and confidential. You can get real-time interpretation in over 200 languages. **Call or text at (833) 773-2445, or chat online at www.masshelpline.com.**
- Go to a **Community Behavioral Health Center (CBHC)** for mental health and substance use disorder (SUD) crisis and treatment. You can go to a CBHC, or they can come to you where you are. This is called Mobile Crisis Intervention (**MCI**) for adults and for youth. You do not need a referral to go to a CBHC. You can go to a CBHC for your behavioral health needs instead of going to a hospital emergency department. Find a CBHC near you at www.mass.gov/cbhc-crisis-care.
- Find appointments for **Behavioral Health (BH) Urgent Care**. BH urgent care providers offer appointments on Monday-Friday outside of hours of 9 a.m.–5 p.m. They also have weekend hours. You can search the **Massachusetts Behavioral Health Access (MABHA)** website at www.mabhaccess.com/. Search on the Mental Health Services page to find provider openings.
- **The MA Behavioral Health Help Line (BHHL) Resource Directory** is a search tool to find mental health, substance use disorder treatment, and support services across the Commonwealth. You can search by location and service type, then 'apply filters' to view results based on your needs. For assistance with this search tool, call or text the BHHL at (833) 773-2445 or chat with us at www.masshelpline.com.

9. Care management services

Integrated Care Management Program

The Massachusetts Behavioral Health Partnership (MBHP) offers an Integrated Care Management Program (ICMP) for MassHealth PCC Plan members with complex medical and/or behavioral health issues. The ICMP team is made up of licensed clinicians and other staff who work with you to

- help you understand treatment plans prescribed by your PCC,
- help you understand and manage your health needs,
- provide you with scheduled calls, easy-to-understand written materials, and
- coordinate follow-up appointments and additional services.

This program is offered at no cost to you. The Integrated Care Management Program team will work with you and your caregiver (or both) on a one-to-one basis to help you choose the care that's best for you.

To learn more about ICMP, or to join, call MBHP at (800) 495-0086, Ext. 706870. You can also find information on ICMP on the MBHP website at www.masspartnership.com/mbhp/en/home/services/care-management.

If you have any questions about specialized care management or other behavioral health (mental health or substance use disorder) services and how to get them, call the MBHP Northeast Access Line at (800) 495-0086 or MassRelay at 711. The Northeast Access Line is available 24 hours a day, seven days a week.

Community Case Management program

Members who are younger than age 22 and who receive continuous nursing services may participate in the Community Case Management (CCM) program.

CCM registered nurses and other clinicians work with you, your healthcare providers, and other MassHealth providers to help plan home care for your child. A Nurse Case Manager visits your child to see what services they need, such as

- full-time nursing,
- durable medical equipment,
- home health aides,
- part-time nursing visits,
- medical supplies,
- occupational therapy,
- personal care attendants,
- physical therapy, and
- speech therapy.

CCM staff help to manage these services when your child leaves the hospital or when the child is at home or somewhere else in the community. Call (800) 863-6068 to get more information about the CCM program or visit www.mass.gov/the-masshealth-community-case-management-ccm-program.

10. Pregnancy and family planning services

Pregnancy care

The healthcare you receive before becoming pregnant, while you are pregnant (before your baby is born), and after you have your baby is very important. It's the best way to

- learn what you can do to have a healthy baby even before you become pregnant,
- find out how your pregnancy is going and if there are any problems, and
- stay healthy after you have your baby.

Even if you've given birth before, it's very important for you to get this care.

MassHealth is here to support you during your pregnancy and beyond. For more information visit www.mass.gov/info-details/information-for-pregnant-masshealth-members

Make an appointment with your PCC, obstetrician/gynecologist (OB/GYN), or nurse midwife

When you are planning to get pregnant, you should see your PCC, an obstetrician/gynecologist (OB/GYN) doctor, or a nurse midwife to talk about your health and ways to have a healthy birth. OB/GYNs and nurse midwives are trained to treat pregnant people and deliver babies.

As soon as you know you are pregnant, make an appointment with an OB/GYN doctor or a nurse midwife. Early and regular prenatal care is very important to help you have a healthy baby and a safe delivery. You should also see your OB/GYN doctor or nurse midwife as often as they want to see you while you are pregnant and after your baby is born. The PCC Plan covers all these visits.

If you need help finding an OB/GYN doctor or a nurse midwife, you can ask your PCC to recommend one or call the MassHealth Customer Service Center.

If you are pregnant, you don't need a referral from your PCC to see an OB/GYN doctor or a nurse midwife. You may need a referral if you are not pregnant.

You should call to tell your PCC when you are pregnant. It is important to include your PCC because your PCC can provide important health information about you to your OB/GYN doctor or nurse midwife.

Doula services

MassHealth covers doula services during pregnancy, delivery, and through 12 months following delivery. Doulas provide non-medical emotional, informational, and physical support to people and families during pregnancy, birth, and the postpartum period.

For more information visit www.mass.gov/info-details/masshealth-doula-services-program-information-for-doulas.

Pregnancy and oral health

Regular visits with your dentist are important while pregnant. During pregnancy, gums may become puffy and sensitive and may even bleed when you brush your teeth. A pregnant person with cavities and poor oral health may be more likely to have small babies and to give birth earlier. There are simple ways to improve your oral health, such as brushing your teeth twice a day, flossing every day, and seeing a dentist, especially if you are pregnant. Keeping your teeth clean will help to avoid these problems. Talk to your dentist about your oral health.

Your new baby

Remember to let MassHealth know as soon as your baby is born, so your baby can be enrolled in a health plan. You should also choose a doctor for your baby. You can call the MassHealth Customer Service Center for help in selecting a MassHealth-enrolled provider that can see your baby after they are born. You can also select a health plan for your baby by filling out a Notification of Birth form at the hospital.

Family planning services

You can get family planning services from your PCC or from any MassHealth family planning provider. You do not need a referral.

Here are some of the family planning services you can get:

- Counseling for birth control to understand your options.
- Prescriptions to get birth control pills, patch, ring, or injection. You can ask your doctor for a 12-month supply of birth control pills. Learn about the Massachusetts ACCESS law at www.mass.gov/info-details/access-to-birth-control-and-emergency-contraception#learn-about-the-access-law-.
- Long-Acting Reversible Contraception (LARC), which is birth control that works for a long time and can be changed or stopped when you want.
- Emergency contraception such as Plan B or the morning-after pill. You can get these at a pharmacy without a prescription.
- Abortion (ending a pregnancy) with medication or surgery.
- Permanent sterilization procedures for people who are 18 and older
- Pregnancy tests

If you need help finding a family planning provider, ask your PCC to recommend one. You don't need a referral from your PCC to see a family planning provider. For more information visit www.mass.gov/info-details/masshealth-sexual-and-reproductive-health-services-for-members.

11. Services for children

Preventive and well-childcare for all children

It's important for children, teens, and young adults to see their PCC or nurse for regular checkups. Well-child checkups are a good way to help children stay healthy. MassHealth pays your child's PCC for these checkups. Small problems that are found early can be taken care of before they become big problems. These screenings include health and development, vision, dental, hearing, behavioral health, and making sure immunizations (shots) are up to date.

If you are concerned with the way your child is acting or feeling, or your doctor or nurse thinks that your child needs to see a behavioral health provider, you can help from

- your PCC,
- MassHealth Customer Service Center, or the
- Massachusetts Behavioral Health Partnership (MBHP).

Behavioral health screenings can help you and your doctor or nurse to identify behavioral health concerns early. If your child sees a behavioral health provider, they will use an assessment tool called the Child and Adolescent Needs and Strengths (CANS). It helps to collect and record your child's strengths and needs. The CANS also helps your child's provider plan their treatment and check their progress. Ask your child's behavioral health provider to tell you more about CANS.

Behavioral health services include the following:

- Applied Behavioral Analysis (ABA) Therapy,
- Outpatient therapy,
- Intensive care coordination,
- Family support and training ("family partners"),
- In-home therapy,
- Therapeutic mentoring,
- In-home behavioral services, and
- Community Behavioral Health Center Services, including mobile crisis intervention. To learn more, please visit www.mass.gov/cbhc-crisis-care.

MassHealth requires PCCs to offer to check all children younger than 21 for behavioral health (mental health and substance use disorder) problems during each well-child visit. PCCs will use a short list of questions or a checklist that you or your child (if they are older) fills out and then talks about with the PCC. You can let your PCC know if you do not want your child's behavioral health to be screened.

If you are concerned with the way your child is acting or feeling, or your doctor or nurse thinks that your child needs to see a behavioral health provider, your PCC, MassHealth Customer Service Center, or the Massachusetts Behavioral Health Partnership (MBHP) can help you learn how to get these services.

See “Your PCC” in Section 5 for the recommended ages to take your child for full physical exams and screenings.

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

Preventive Pediatric Health-Care Screening and Diagnosis services for members enrolled in MassHealth Family Assistance

A program called Preventative Pediatric Health-care Screening and Diagnosis (PPHSD) Services covers children, teens, and young adults under 21 years old, who are enrolled in MassHealth Family Assistance. This means that when a PCC, dental provider, or any other clinician discovers a health condition, MassHealth will pay for any medically necessary treatment that is included in your or your child's coverage type if it is prescribed by a provider who is qualified and willing to provide the service.

Early and Periodic Screening, Diagnostic and Treatment services for members enrolled in MassHealth Standard or CommonHealth

A program called Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services covers children, teens, and young adults under 21 years old who are enrolled in MassHealth Standard or CommonHealth. EPSDT ensures that the PCC Plan will pay for all medically necessary services that are covered by federal Medicaid law, even if the services are not provided by the PCC Plan or MBHP. This coverage includes healthcare, diagnostic services, treatment, and other measures needed to correct or improve defects and physical, dental, and mental illnesses and conditions. When the child's PCC (or any other clinician) discovers a health condition, MassHealth will pay for any medically necessary treatment covered under Medicaid law, if it is delivered by a provider who is qualified and willing to provide the service, and a MassHealth-enrolled physician, nurse practitioner, or nurse midwife supports in writing the medical necessity of the service. You and your PCC can seek assistance from MassHealth or MBHP to determine what providers may be available in the network to provide these services, and how to use out-of-network providers, if necessary.

Most of the time, these services are covered by you or your child's MassHealth coverage type and are included on the covered services list. If the service is not already covered or is not on the list, the clinician or provider who will be delivering the service can ask MassHealth for prior authorization (PA). MassHealth uses this process to determine if the service is medically necessary. The PCC Plan will pay for the service if PA is given. If PA is denied, you have a right to appeal. See "Appeals and grievances" in Section 14 for more information about the appeals processes. Talk to your or your child's PCC, behavioral health provider, or other specialist for help in getting these services.

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 examples of early intervention specialists are

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

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

Talk to your child's PCC as soon as possible if you think your child has growth or development problems or contact your local early-intervention program directly. More information is available at www.mass.gov/ei-information-for-families.

12. Advance directives

An **advance directive** is a statement that you write or sign that indicates who you choose to make healthcare decisions for you, and which healthcare treatment you do or do not want if you get sick or injured and can't talk or write.

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

Healthcare proxy

A **healthcare proxy** is your written permission for a family member or friend to make healthcare decisions for you in case you cannot make them yourself. This person is called your “agent” or “proxy.”

Living will

With a **living will**, you communicate the kind of care you want or do not want if you cannot make healthcare decisions. For example, you may not want to be kept alive using life support. Your living will can help your healthcare proxy make decisions for you. If you do not have a healthcare proxy or if your healthcare proxy is not available, the living will can help your providers care for you.

If you choose to sign a healthcare proxy or living will, you can change your mind at any time and write and sign new ones.

You should talk to a lawyer to learn more about advance directives. For more information, you can also call MassHealth Customer Service Center or MBHP.

13. Member rights

As a member of the PCC Plan, you have certain rights. Your rights include the following:

- Your PCC cannot refuse to give you medically necessary treatment, but your PCC may refer you to a specialist for treatment.
- The employees of the PCC Plan and your providers must treat you with dignity and respect and respect your right to privacy.
- The PCC Plan and your providers must keep your health information and records private. They must not give other people information about you unless you give permission.
- Your providers must tell you in advance—in a manner you understand—about any treatments and alternatives that the providers think should be done, regardless of cost or coverage.
- Your providers must make you part of decisions about your healthcare. You can refuse treatment if you want to). You can also know what might happen if you refuse treatment.
- You can talk about your healthcare records with your providers and get copies of all your records. You can also ask for changes to the records if needed.
- If you speak a language other than English, you can ask for an interpreter when you call MassHealth Customer Service Center.
- If you have trouble seeing or reading or you read a language other than English, you can get printed materials about the PCC Plan read aloud to you in your language by calling MassHealth Customer Service Center.
- If you have trouble seeing or reading, or if you read a language other than English, you can get MBHP materials read aloud to you by calling the MBHP Member Engagement Center.
- You can choose your own primary-care clinician (PCC), and you can change your PCC at any time. PCC Plan members can also leave the PCC Plan and change to another MassHealth plan. To change your PCC or your health plan, call MassHealth Customer Service Center.

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- You can file a grievance with MassHealth Customer Service. You can also appeal to the Board of Hearings and request a fair hearing if you disagree with certain actions or inactions by MassHealth or MBHP. See Section 14.
 - The PCC Plan must tell you about all benefits, services, rights, and responsibilities you have under MassHealth.
 - You can ask for a second opinion from another provider.
 - You can get emergency care 24 hours a day, seven days a week.
 - No one can physically hold you, or keep you away from other people, or do anything to force you to accept treatment.
 - You can make recommendations regarding this member-rights policy.
 - You are entitled to the rights on this list without worrying that PCC Plan providers will treat you differently.

Your providers must provide healthcare within the time frames listed under Section 6. “Your healthcare.” If you do not get behavioral healthcare when you should, you can file an appeal with MBHP. If you do not get medical care when you should, you can file a grievance with MassHealth. For more information about appeals and grievances see Section 14.

My Ombudsman

My Ombudsman is an independent program for all MassHealth members. My Ombudsman can help if you have questions or need help getting benefits or services from MassHealth or your MassHealth health plan. They provide information about MassHealth benefits and rights, listen to concerns, and help address problems. My Ombudsman can also explain how to file a grievance or appeal, but they cannot represent you.

Contact My Ombudsman

Call: (855) 781-9898, for TTY users, use MassRelay at 711

or Video Phone: (339) 224-6831.

Hours: Monday–Friday, from 9 a.m. to 4 p.m.

Email: info@myombudsman.org

Online: www.myombudsman.org

Visit: 25 Kingston Street, 4th Floor, Boston, MA 02111

Walk-in hours: Tuesdays and Thursdays between 10 a.m.–3 p.m.

Massachusetts Behavioral Health Partnership (MBHP) Ombudsperson

The MBHP Ombudsperson receives and investigates complaints about behavioral health services.

These are some reasons a member may want to contact the MBHP ombudsperson:

- You are unhappy with your behavioral health service, provider, or office staff.
- You got a bill from a behavioral health provider (members should never receive a bill for covered services).
- You couldn't find a behavioral health provider.
- You have a complaint about the cleanliness or safety of a behavioral health provider's office or other location (for instance, not Americans with Disabilities (ADA)-compliant).

To learn more and contact the MBHP Ombudsperson, you can call MBHP at (800) 495-0086, TTY: (877) 509-6981 or MassRelay at 711. You can also find information on the MBHP Ombudsperson on the MBHP website at www.masspartnership.com/mbhp/en/home/getting-started under “Your Rights and Privacy.” MBHP will also help you if you need an interpreter.

14. Appeals and grievances

MassHealth expects that you will be treated well when you see a doctor or other providers. However, there may be times when you are not satisfied with the care you get from a MassHealth or MBHP provider. If so, you or your representative can file an appeal or grievance.

This section explains the appeals and grievances processes for both behavioral health services and for the PCC plan.

Naming a representative for your grievance or appeal

You can name someone to represent you for any grievance or appeal. Your representative should be someone who knows you (such as a family member or friend) and knows about your problem.

Your representative could also be someone who has the legal authority to act for you in making decisions related to healthcare or payment for healthcare. For example, a representative may be a

- guardian,
- conservator,
- executor,
- administrator,
- holder of a power of attorney, or
- healthcare proxy.

What do you do if you do not speak or read English?

If you speak a language other than English, including sign language, you can ask for an interpreter when you call MassHealth Customer Service Center.

The grievance process

Filing a grievance about behavioral health (mental health and substance use disorder) services

You have the right to file a formal grievance if

- you were not treated with respect by MBHP staff or providers,
- your rights were not respected by MBHP staff or providers,
- you are not happy with the service you or a family member received from an MBHP provider,
- you are not happy with any other action or inaction by MBHP, except if it had to do with authorizing treatment or getting an appointment (in this case, you can file an MBHP internal appeal),
- you don't agree with MBHP's decision to extend the timelines for deciding your request for PA or for deciding an internal appeal, or
- you don't agree with MBHP's decision not to review your appeal as an expedited (fast) internal appeal.

It may be best to first talk to your provider about your concern. If you don't want to talk to your provider or don't like your provider's answer, you have the right to file a grievance with MBHP.

How to file a behavioral health grievance

To learn more about filing a behavioral health grievance, call MBHP at (800) 495-0086 or MassRelay a 711. You can also find more information on the MBHP website at www.masspartnership.com/mbhp/en/home/getting-started. MBHP will also help you if you need an interpreter.

You can also write a letter to MBHP telling them about your grievance. Send it to this address:

MBHP Ombudsperson
200 State Street, Suite 310
Boston, MA 02109

When you file a grievance with MBHP, you can choose a representative. To choose a representative, you must give MBHP a signed and dated letter that tells MBHP the name of your representative and that this person can act for you.

MBHP will send you a letter to tell you that they received your grievance. MBHP will review your grievance and may call you or your provider to get more information.

MBHP will investigate and resolve your grievance within 30 days. MBHP will send you a letter telling you any follow up from their review.

Before MBHP finishes their review, you or your representative can ask for more time (an extension) of up to **14 days**. MBHP may allow for a 14-day extension if it's in your best interest and they need more information related to the grievance MBHP will send you a letter (1) if they allow for a 14-day extension based on their own determination or (2) to tell you of the result of their request for the extension.

Filing a grievance about MassHealth services

You have the right to file a grievance with MassHealth. Here are some reasons you might want to file a grievance:

- You are not happy with the service you or a family member received from MassHealth or a provider.
- You are not happy with any other action or inaction by MassHealth or a provider.
- You were not treated with respect by a provider.
- Your rights were not respected by a provider.
- You were discriminated against.
- You experienced issues with customer service.

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- You have a dispute regarding a medical bill related to your MassHealth benefit.
 - You have had access to care problems.

When you file a grievance with MassHealth, you can choose a representative. To choose a representative, you must give MassHealth a signed and dated letter that tells MassHealth the name of your representative and that this person can act for you.

If possible, you should talk first to your provider about the problem. If you and your provider still do not agree, you can

- call the MassHealth Customer Service Center. A customer service representative will document your grievance or
- write a letter about your grievance, and send it to
Director of Member Services
MassHealth
100 Hancock Street, 6th floor
Quincy, MA 02171

MassHealth will send you a letter to tell you that we received your grievance. MassHealth will review your grievance and may call you or your provider to get more information.

MassHealth will contact you within 90 days to let you know the result of your grievance review.

The MBHP internal appeals process

Filing an MBHP internal appeal for behavioral health (mental health and substance use disorder) services

You can file an internal appeal with MBHP if you don't agree with one of these actions or inactions by MBHP:

- MBHP denied your request for a service, approved less service than you asked for, or said that a service you asked for is not covered,

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- MBHP reduced, suspended, or stopped a service MBHP had covered or approved for you in the past,
 - MBHP did not respond to your PA request within the required time frame.
 - you cannot get an appointment for behavioral health services within one of the time frames described in Section 6.

In most cases, you will get a letter from MBHP explaining MBHP's decision about one of these actions. However, you may appeal even if you did not get a letter from MBHP.

How to file an MBHP internal appeal

To learn more about filing an MBHP internal appeal, call MBHP at (800) 495-0086 or MassRelay at 711. You can also find more information on the MBHP website at www.masspartnership.com/mbhp/en/home/getting-started. MBHP will also help you if you need an interpreter.

If you get a letter from MBHP telling you about any of the actions or inactions above, you or your representative must file your appeal for treatment before you start treatment. If you have finished your treatment, you must file your appeal within 60 calendar days after you receive the letter.

You can file an appeal by telephone or in writing. Call MBHP, or write them a letter to this address:

Massachusetts Behavioral Health Partnership
Attn: Appeals Department
PO Box 1856
Hicksville, NY 11802-1856

MBHP will also help you if you need an interpreter. If you're deaf or hard of hearing, you may call 711 (TTY), Monday through Friday, except on holidays, from 8:30 a.m. to 5 p.m.

If you have an urgent behavioral health need, you or your representative can ask to have your appeal processed more quickly. This is called an **expedited appeal**.

Information you need to file an MBHP internal appeal

Please include

- your full name,
- the name of the service that you're appealing if your appeal involves a decision by MBHP to
 - deny your request for a service,
 - approve less service than you asked for,
 - not cover a service, or
 - reduce, suspend, or stop a service MBHP had covered or approved for you in the past,
- why you feel MBHP should change the decision, and
- if you would like to keep the service during your appeal (see, Continuing Benefits, below).

If you are appealing because MBHP did not decide your request for PA for a service within the time that we they should have, you will receive a letter from MBHP explaining how to appeal this decision.

If you are appealing because you could not get an appointment for behavioral health services within time frames, please send a letter to MBHP including the following information:

- the type of service you were trying to get,
- the date you asked for the appointment, and
- the date of the appointment you got.

MBHP will send you a letter telling you that we they got your appeal.

Continuing benefits during your MBHP internal appeal

If your internal appeal is about an MBHP decision to change a service you get now by ending it, reducing it, or stopping it, you may want to keep the service while you are appealing. If you keep the service but lose the appeal, your service may not be paid for.

If you want to keep your services during the appeal, you or your

representative must send your appeal request within **10 calendar days** from the date of the letter that told you the service would change. You must also ask to keep your service while you are appealing.

After you file an MBHP internal appeal

You have the right to tell the facts and provide evidence (proof) about your appeal. You or your representative can do that on the phone or in writing. These facts and proofs will be used in the review of your appeal.

You or your representative may look at your case file, healthcare records, and other documents and records related to the appeal. If you would like to review these documents, call your provider or MBHP at (800) 495-0086 or TTY at (877) 509-6981 or MassRelay at 711 if you are deaf, hard of hearing, or speech disabled.

Getting a decision on your MBHP internal appeal

If you do not file an expedited (fast) internal appeal, MBHP will send you a written decision within **30 calendar days**. This could be up to **five days** longer if you, your representative, or MBHP asks for more time.

For questions about behavioral health (mental health and substance use disorder) services, call MBHP at (800) 495-0086. The call is free.

An expedited (fast) MBHP internal appeal

If you have an urgent behavioral health need and you think a 30-calendar-day review is too long, you, your representative, or your healthcare provider can ask MBHP for an expedited appeal (fast review).

In many cases, if your provider asks for a fast review, MBHP will approve the request. MBHP will refuse the request by your provider for a fast review only if it's not related to your health. If your provider isn't involved in the request, MBHP can decide if they should do a fast review.

If MBHP denies your request for a fast review, they will tell you in writing of this decision. MBHP will then process your appeal within the 30-calendar-day time frame. You have the right to file a grievance if you don't agree with this decision. See "Appeals and grievances" in Section 14 for more information

If MBHP approves your request for a fast review, they will review your appeal within **three calendar days**. MBHP will send you a letter about the decision on your appeal. If you don't agree with MBHP's decision on your appeal, you can file a request for a fair hearing with the MassHealth Board of Hearings. See the following pages for more information.

Extending MBHP internal appeal time frames

If more time is needed to resolve the appeal, you, your representative, or MBHP can ask for an extra five calendar days. If the appeal is an expedited (fast) appeal, you, your representative, or MBHP can ask for an extra 14 calendar days.

MBHP can ask for more time only if

- the extension is in your best interest,
- MBHP needs more information that may lead to approval of your request, and
- MBHP expects to receive this information within the extra time.

If MBHP asks for more time, they will send you a letter. If you don't agree with MBHP's decision, you or your representative may file a grievance.

Approval of your MBHP internal appeal

You will get a "Notice of Appeal Resolution" that tells you that your appeal is approved.

Denial of your MBHP internal appeal

If MBHP denies your internal appeal, they will send you a notice telling you.

If you do not agree with the decision, you can file an appeal directly with the Board of Hearings.

Dismissal of your MBHP internal appeal

MBHP may dismiss your internal appeal if

- someone else files the appeal for you and MBHP does not get your written permission for that person to serve as your representative before the time frame for resolving your appeal ends, or
- you or your representative filed the appeal more than **60 calendar days** after the letter from MBHP telling you that you had a right to appeal (or more than **60 calendar days** after you learned about MBHP's actions or inactions if you did not get a letter).

If MBHP dismisses your internal appeal, they will send you a notice telling you.

If you think that you filed an appeal within **60 calendar days** and have proof, you or your representative can disagree with MBHP's decision to dismiss your internal appeal.

You or your representative must send MBHP a letter asking for a review of this dismissal within **10 calendar days** of the notice telling you that your appeal was dismissed. MBHP will review its decision and notify you if it will continue with your appeal.

If MBHP does not resolve your internal appeal within the required time frames

You can file your appeal with the Board of Hearings if

- MBHP does not resolve your appeal within **30 calendar days** (or within **five extra calendar days** if there is an extension), or
- MBHP does not resolve your expedited (fast) appeal **within three working calendar days** (or within **14 extra calendar days** if there was extra time allowed).

The MassHealth Board of Hearings appeals process

As a PCC Plan member, if you disagree with a MassHealth decision, or if we modify or deny a prior authorization (PA), you have a right to appeal the decision to the MassHealth Board of Hearing.

You can also request an appeal with the MassHealth Board of Hearings if you don't agree with the decision that MBHP made on your internal MBHP appeal process. When MBHP denies your appeal, MBHP will provide you with instructions about how to request a fair hearing with the MassHealth Board of Hearing.

To file an appeal, you must fill out the Fair Hearing Request Form.

You can fill out a Fair Hearing Request form online at www.mass.gov/how-to/how-to-appeal-a-masshealth-decision or over the phone by calling the MassHealth Customer Service Center at (800) 841-2900, TDD/TTY: 711.

Fair Hearing Request Forms can be mailed to

Office of Medicaid, Board of Hearings
100 Hancock St., 6th Floor
Quincy, MA 02171
or faxed to: (617) 887-8797.

If you have a disability and need an accommodation to attend or participate in your hearing, you can tell us what you need in the "Type of Hearing and Accommodations" section of the Fair Hearing Request Form.

The Board of Hearings must receive your completed, signed request within 60 calendar days from the date you received the notice of the decision you are appealing.

If your appeal is about a decision to end, reduce, or stop a service that you get, you may want to keep the service during the fair hearing process. If you want to keep the service during the appeal, you or your representative must send your fair hearing request within **10 calendar days** from the date of the letter from MassHealth that told you the service would change. If you are appealing a decision by MBHP, you must file the appeal within **10 calendar days** from the date of the letter telling you MBHP's decision on your internal

appeal. If you want to keep the service during the appeal process, you must state that on the “Other Information” section of the Fair Hearing form.

If you keep the service and lose the fair hearing, the cost of the service may not be paid for by MassHealth

An expedited (fast) fair hearing at the Board of Hearings

You can ask for an expedited (fast) fair hearing if

- you are appealing a decision to deny an acute hospital admission,
- you are appealing MBHP’s decision on an expedited (fast) internal appeal, or
- you are appealing a discharge or transfer from a nursing facility.

If you want the Board of Hearings to handle your request as a fast fair hearing, you must ask for the fair hearing within **20 calendar days** from the day that you got the decision you are appealing. If you file between 21 and 30 calendar days after you got the decision, the Board of Hearings will not make the hearing faster.

After you file a Board of Hearings appeal

You or your representative may read your case files to prepare for the Board of Hearings appeal process. The Board of Hearings does not have MBHP files, so you must contact MBHP to get your files if you are appealing a decision by MBHP.

At the hearing, you may represent yourself or come with an attorney or other representative at your own expense.

For more information on MassHealth appeals visit the website:
www.mass.gov/how-to/how-to-appeal-a-masshealth-decision.

15. Notice of Privacy Practices

MassHealth has some information that explains how we may use health information about our members and give it to others. We call this our “Notice of Privacy Practices.”

You can get a copy of our “Notice of Privacy Practices” online at www.mass.gov/lists/hipaa-forms-for-masshealth-members or by calling the MassHealth Customer Service Center.

To find out about how MBHP uses behavioral health information and shares it with others, you can call MBHP at (800) 495-0068 or get a copy of MBHP’s Notice of Privacy Practices by visiting MBHP’s website at www.masspartnership.com/mbhp/en/home.

16. To report suspected fraud

If you get a bill for an office visit that you did not go to, a notice for a service you never received or for more services than you received, or something seems incorrect, this is possible fraud and abuse. If you suspect fraud or abuse related to the PCC Plan, please call (877) 437-2830, 877-4-FRAUD-0.

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