NHP Commonwealth Care member handbook

Neighborhood Health Plan Commonwealth Care Member Handbook

Issued June 15, 2013 and effective July 1, 2013

This health plan meets **Minimum Creditable Coverage standards** and **will satisfy** the individual mandate that you have health insurance.

MASSACHUSETTS REQUIREMENT TO PURCHASE HEALTH INSURANCE:

As of January 1, 2009, the Massachusetts Health Care Reform Law requires that Massachusetts residents, eighteen (18) years of age and older, must have health coverage that meets the Minimum Creditable Coverage standards set by the Commonwealth Health Insurance Connector, unless waived from the health insurance requirement based on affordability or individual hardship. For more information call the Connector at 1-877-MA-ENROLL or visit the Connector website (www.mahealthconnector.org).

This health plan meets **Minimum Creditable Coverage standards** that are effective January 1, 2009 as part of the Massachusetts Health Care Reform Law. If you purchase this plan, you **will satisfy** the statutory requirement that you have health insurance meeting these standards.

This disclosure is for minimum creditable coverage standards that are effective January 1, 2009. Because these standards may change, review your health plan material each year to determine whether your plan meets the latest standards.

If you have questions about this notice, you may contact the Division of Insurance by calling 617-521-7794 or visiting its website at www.mass.gov/doi.

HealthConnector

Neighborhood Health Plan™

Your health. Our promise.

nhp.org

Welcome to NHP

We are pleased to have you as a member.

This document describes your benefits as an NHP member. It contains some technical terms as well as your responsibilities, and ours, in making sure you receive the most from your coverage.

If you need help understanding any part of this document, contact an NHP Customer Service Center Representative at 1-800-462-5449 (TTY 1-800-655-1761). We are here to help you Monday–Friday 8:00 a.m.–6:00 p.m., Thursday, 8:00 a.m.–8:00 p.m.

Deborah Enos
President and Chief Executive Officer

Paul Mendis, MD
Chief Medical Officer

Translation Services

Please read this document. It requires your immediate attention. If you need help understanding this document, contact NHP's Member Service Representatives. They can help you with any questions or translation needs.

The NHP Member Service Center 1-800-462-5449 (TTY 1-800-655-1761)
Available Monday through Friday from 8:00 a.m. to 6:00 p.m. (Thursday from 8:00 a.m. to 8:00 p.m.)

Spanish

Por favor, lea este documento. Requiere su atención inmediata. Si usted necesita ayuda para entender este documento, póngase en contacto con el personal del servicio de atención al cliente de NHP. Ellos pueden ayudarle con cualquier pregunta o traducción necesaria.

Servicio de atención al cliente de NHP 1-800-462-5449 (TTY 1-800-655-1761)
Disponible de lunes a viernes de 8h00 a 18h00 (los jueves, de 8h00 a 20h00)

Portuguese

Por favor, leia este documento. Ele requer a sua atenção imediata. Se necessitar de ajuda para compreendê-lo, entre em contacto com os Representantes de Assistência aos Clientes do NHP. Eles podem responder às suas questões ou ajudar em matéria de tradução.

Centro de Assistência aos Clientes do NHP 1-800-462-5449 (TTY 1-800-655-1761)
Disponível de segunda a sexta-feira, das 8h00 às 18h00 (quinta-feira, das 8h00 às 20h00)

Haitian

Silvouplè le dokiman sa a. Li mande pou w ba li atansyon w touswit. Si ou bezwen èd pou konprann dokiman sa a, kontakte Reprezantan Sèvis Kliyan "NHP" yo. Yo ka ede w avèk nenpòt kesyon oubyen si ou bezwen tradiksyon.

Sant Sèvis Kliyan "NHP" yo 1-800-462-5449 (TTY 1-800-655-1761)
Ou ka jwenn sèvis sa a depi lendi rive vandredi ant 8:00 dimaten ak 6:00 diswa (nan jedi, ant 8:00 dimaten ak 8:00 diswa).

Chinese

請詳閱本文件，裡面有需要您密切關注的內容。如果您需要協助了解文件，請與NHP客戶關懷代表聯絡。
他們將會提供問題解答或翻譯服務。

NHP客戶關懷中心 1-800-462-5449（聽力及語言障礙者專線1-800-655-1761）
服務時間為週一至週五上午8時至下午6時（週四上午8時至下午8時）

Russian

Пожалуйста, ознакомьтесь с этим документом. Это необходимо сделать незамедлительно. Если Вам нужна помощь в понимании этого документа, свяжитесь с представителями центра обслуживания клиентов NHP. Они смогут ответить на Ваши вопросы или перевести необходимую информацию.

Телефон центра обслуживания клиентов NHP: 1-800-462-5449 (Телетайп: 1-800-655-1761)
Часы работы: с понедельника по пятницу с 8:00 до 18:00. (Четверг с 8:00 до 20:00)

Vietnamese

Hãy đọc tài liệu này. Bạn cần chú ý đến nó ngay lập tức. Nếu bạn cần giúp đỡ để hiểu tài liệu này, hãy liên hệ các Đại diện Chăm sóc Khách hàng. Họ sẽ giúp bạn về bất kỳ câu hỏi hay nhu cầu phiên dịch nào.

Trung tâm Chăm sóc Khách hàng của NHP 1-800-462-5449 (TTY 1-800-655-1761)
Làm việc từ thứ hai đến thứ sáu từ 8:00 sáng đến 6:00 chiều (thứ năm từ 8 giờ sáng đến 8 giờ chiều)

Khmer

សូមអានឯកសារនេះ។ ឯកសារនេះត្រូវការឱ្យលោក-អ្នកយកចិត្តទុកដាក់ជាបន្ទាន់។ បើលោក-
អ្នកត្រូវការការជួយឱ្យបានយល់ពីឯកសារនេះ សូមទាក់ទងទៅអ្នកតំណាងខាងសេវាកម្មសមាជិករបស់ NHP។
ពួកគេអាចជួយឆ្លើយសំណួររបស់លោក-អ្នក ឬសេចក្តីត្រូវការផ្នែកការបកប្រែភាសាបាន។
មជ្ឈមណ្ឌលសេវាកម្មសមាជិករបស់ NHP 1-800-462-5449 (TTY 1-800-655-1761)។
បើកធ្វើការពីថ្ងៃច័ន្ទ ដល់ថ្ងៃសុក្រ ពីម៉ោង 8:00ព្រឹក ដល់ម៉ោង 6:00ល្ងាច (ថ្ងៃព្រហស្បតិ៍ ពីម៉ោង 8:00ព្រឹក ដល់ម៉ោង 8:00ល្ងាច)

Laotian

ກະລຸນາອ່ານເອກະສານນີ້ດ້ວຍຄວາມຕັ້ງໃຈ. ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃຫ້ເຂົ້າໃຈກ່ຽວກັບເອກະສານນີ້, ຈົ່ງຕິດຕໍ່ພົວພັນໄດ້ທີ່ຕົວ
ແທນ ບໍລິການລູກຄ້າຂອງບໍລິສັດ NHP. ພວກເຂົາສາມາດຊ່ວຍທ່ານໄດ້ກ່ຽວກັບຄຳຖາມບັນຫາຕ່າງໆ ຫຼື ຄວາມຕ້ອງການໃນການແປພາສາ.

ສູນບໍລິການລູກຄ້າຂອງບໍລິສັດ NHP 1-800-462-5449 (TTY 1-800-655-1761)
ບໍລິການແຕ່ວັນຈັນ ຫາວັນສຸກ ເວລາ 8.00 ໂມງເຊົ້າ ຫາ 6.00 ໂມງແລງ. (ວັນພະຫັດແຕ່ເວລາ 8.00 ໂມງເຊົ້າ ຫາ 8.00 ໂມງແລງ).

Greek

Παρακαλείσθε να διαβάσετε αυτό το έγγραφο. Απαιτεί την άμεση προσοχή σας. Εάν χρειάζεστε βοήθεια προς την κατανόηση αυτού του εγγράφου, επικοινωνήστε με τους Αντιπροσώπους του Τμήματος Εξυπηρέτησης Πελατών του NHP. Θα σας βοηθήσουν με οτιδήποτε ερωτήσεις έχετε ή εάν χρειάζεστε μετάφραση.

Κέντρο Εξυπηρέτησης Πελατών του NHP. 1-800-462-5449 (TTY 1-800-655-1761)
Ανοιχτά Δευτέρα ως Παρασκευή από τις 8:00 π.μ. ως τις 6:00 μ.μ. (Πέμπτη ανοιχτά από τις 8:00 π.μ. ως τις 8:00 μ.μ.)

Arabic

الرجاء قراءة هذه الوثيقة التي تحتاج إلي اهتمام عاجل منك. إذا احتجت إلي مساعدة لفهم هذه الوثيقة ، يرجي ألاتصال بمندوبي خدمات العملاء التابعين ل NHP حيث يمكنهم مساعدتك والرد علي أية استفسارات أو أمور تتعلق بالترجمة .

مركز خدمات عملاء ال NHP هاتف 1-800-462-5449 (هاتف ضعاف السمع 1-800-655-1761)
متواجدون من الاثنين إلي الجمعه من الساعه 8.00 صباحا وحتي الساعه 6.00 مساءا.
(أيام الخميس من الساعه 8.00 صباحا و حتي الساعه 8.00 مساءا).

French

Veuiller lire ce document. Il est extrêmement important. Si vous avez besoin d'aide pour y comprendre ce document, veuillez contacter les représentants du service clientèle à NHP. Ils répondront à toutes vos questions et vos besoins en matière de traduction.

Service d'assistance clientèle de NHP 1-800-462-5449 (TTY 1-800-655-1761)
Du lundi au vendredi de 8h00 à 18h00; jeudi de 8h00 à 20h00

Italian

Vi preghiamo di leggere questo documento, di natura urgente. Qualora vi serva aiuto nel comprenderne il contenuto, Vi preghiamo di contattare i rappresentanti del centro di assistenza clienti NHP. Essi saranno lieti di esservi di aiuto in caso di domande o traduzioni.

Centro di assistenza clienti NHP Linea verde negli Stati Uniti: 1-800-462-5449 (TTY 1-800-655-1761)
Disponibile dal lunedì al venerdì dalle 8:00 alle 18:00; giovedì dalle 8:00 alle 20:00.

Get the most out of your health plan.

Follow these six tips to help you understand and access quality health care.

1. Meet your Primary Care Provider (PCP). A Primary Care Provider is a doctor or nurse practitioner. If you are new to your Primary Care Site and you haven't met your Primary Care Provider yet, make an appointment to meet him or her.
2. Anytime you need health care, call your Primary Care Site first. Your Primary Care Provider will work with you to meet your health care needs. If you need care from any other Provider, hospital or clinic, your Primary Care Provider can help to arrange these. For Behavioral Health (mental health and substance use) Services, contact any NHP Behavioral Health Provider. The first 12 visits do not require a Referral. Refer to page 8 for information on Behavioral Health Providers.
3. If it's an Emergency, don't wait. Call 911 or your local Emergency phone number, or go to the nearest Emergency room right away. For a list of Emergency rooms in all areas of the state, refer to the NHP Commonwealth Care Provider Directory. Then call your Primary Care Site within 48 hours. That way, your Primary Care Provider can provide any follow-up care you may need.
4. Carry your NHP Member ID card with you at all times. Remember to show it whenever you get health care. Your NHP Member ID card allows you to receive all the services that are covered by NHP.
5. Call NHP with any changes that might affect your coverage. From a new address, to a new phone number, to a new addition in the family—these are all changes we need to know about to help us serve you.
6. When in doubt, call. Our Customer Service Center is open Monday–Friday, 8:00 a.m.–6:00 p.m., and Thursday, 8:00 a.m.–8:00 p.m. If you have questions about your health coverage, call 1-800-462-5449 (TTY 1-800-655-1761).

CONTENTS

Section 1.

How to Use This Member Handbook

Why This Member Handbook Is Important

This *Member Handbook* explains your health care benefits and how NHP works. It also explains what you can expect from NHP. This *Member Handbook* and your *Summary of Benefits and Coverage* make up your Evidence of Coverage. They are legal documents that tell you what you need to know about your NHP coverage. Please read your *Member Handbook* and *Summary of Benefits and Coverage* and keep them for future reference.

Translation and Alternate Formats

The NHP *Member Handbook* is available in Spanish on the other side of this book. Translation services are available for other languages. A larger font size format of the *Member Handbook* is also available. Contact the **NHP Customer Service Center** at **1-800-462-5449** (TTY 1-800-655-1761) for more information.

Words with Special Meaning

Some words in this *Member Handbook* have special meaning. These words will be capitalized throughout the *Handbook*, and defined in the glossary at the end of the *Handbook*. For the purposes of this *Member Handbook*, the word "you" means "Members of NHP."

NHP Provider Directory

The NHP Commonwealth Care *Provider Directory* lists participating Primary Care Sites, Primary Care Providers, and hospitals. You are free to choose among the NHP Commonwealth Care Plan network of Primary Care Providers. The NHP Commonwealth Care *Provider Directory* also lists participating specialty and Behavioral Health (mental health and substance use) Providers. In addition, the Directory contains a complete list of participating pharmacies, facility and ancillary Providers, Emergency rooms, and durable medical equipment suppliers. To request a copy of the NHP *Provider Directory*, call NHP's Customer Service Center. You may also visit the NHP website at www.nhp.org to find the most up-to-date listing of all Providers in the NHP Commonwealth Care Network.

More information about physicians licensed to practice in Massachusetts is available from the Board of Registration in Medicine. Visit www.massmedboard.org to access information on your physician's education, hospital affiliations, board certification status and more. The following sites also provide useful information in selecting quality health care Providers:

- **Leapfrog**: www.leapfroggroup.org—For information on health care quality, so you can compare hospitals
- **Massachusetts Health Quality Partners**: www.mhqp.org—For information on how different medical groups treat the same type of illness, allowing you to make comparisons
- **The Joint Commission (TJC):** www.qualitycheck.org—For information that allows you to compare the quality of care providers at many hospitals, home care agencies, laboratories, nursing homes, and behavioral health programs

NHP's Service Area

NHP's Service Area includes most communities in Massachusetts. NHP works with doctors, hospitals and other Providers to offer health care services within the Service Area. For more information about NHP's Commonwealth Care Service Area, call our Customer Service Center.

Section 2.

Membership

Enrollment

When NHP receives notification of your Enrollment from Commonwealth Care, NHP will mail you a permanent Member ID Card within fifteen (15) business days. This card is valid as of the Effective Date of Enrollment. NHP is responsible for all Covered Benefits listed in this *Member Handbook* as of the Effective Date of your Enrollment in NHP.

NHP will accept you into our plan upon Referral from Commonwealth Care 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.

Status Changes

It is your responsibility to notify NHP with any changes to your address or phone number. NHP must have your current address and telephone number on file so that we can contact you when necessary. Call our Customer Service Center to make any changes or corrections.

Changing Health Plans

The Commonwealth Health Insurance Connector Authority (the Health Connector), the state agency in charge of the Commonwealth Care Program, has determined the following rules on whether or not a Commonwealth Care member can change their health plan.

- Once you enroll in NHP, you will have sixty (60) days from your Enrollment Date to disenroll from NHP for any reason. To do so, you must call a Commonwealth Care Member Services Representative at 1-877-MA-ENROLL (1-877-623-6765) (TTY 1-877-623-7773 for people with partial or total hearing loss), Monday–Friday, 8 a.m.–5 p.m. If you do not disenroll within sixty (60) days, you must remain with NHP at least until the end of the current benefit year.
- After 60 calendar days, you can only change your plan for the following reasons:
  - You move and your new address is outside of your health plan's service area.
  - You prove to the Connector that (a) you have a medical condition and that continued enrollment in your health plan will result in a lack of continuity of care, and (b) your health plan has not given you access to health care providers who meet your health care needs over time, even after you ask the health plan for help.
  - Your primary care provider is no longer a contracted provider with your health plan.
  - Your health care access has been negatively affected by an important change in your health plan's group of providers; this may include your health plan's loss of a contract with a hospital, health center, physician group or specialty provider group.
  - Your Commonwealth Care eligibility changes.
  - You are homeless and that status is reported to MassHealth.
  - The enrollment materials sent to you were returned to Commonwealth Care without being delivered.

If you have already met one of the reasons above, and you now have a new health plan, you cannot change your health plan again until the Commonwealth Care open enrollment period. But if Commonwealth Care agrees that you meet one of the above reasons, you will be able to change your health plan again.

There will be an annual open enrollment period for Commonwealth Care. The Connector will give you information about the open enrollment period. During the open enrollment period, you may choose another health plan for any reason.

If you have any questions about your NHP membership or need help seeing the health plan's providers, please call the NHP Customer Service Center at 1-800-462-5449, Monday–Friday, 8 a.m.–6 p.m. (Thursday, 8 a.m.–8 p.m.).

If you want to change your health plan, please contact Commonwealth Care Member Services Center at 1-877-MA-ENROLL or 1-877-623-6765, Monday–Friday, 8 a.m.–5 p.m. For people with partial or total hearing loss, please call TTY: 1-877-623-7773.

After Disenrollment, NHP will provide coverage for:

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

NHP 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.

Premium Payments for Premium Paying Enrollees—Plan Type 2A (100.1–150% of Federal Poverty Level), Plan Type 2B (150.1–200% of Federal Poverty Level), and Plan Type 3 (200.1%–300% of Federal Poverty Level)

Your Commonwealth Care health insurance may require you to pay a premium for your coverage. A premium is a monthly bill that you pay to the Health Connector to get Commonwealth Care benefits. Plan Type 2A, Plan Type 2B and Plan Type 3 members will have to pay a premium. These members should contact the Connector for questions related to premiums. Please follow the directions provided to you by the Health Connector for paying your premiums. Please do not send premium payments to your health plan. If you have any questions about where to send your premium payments, please call the Commonwealth Care Member Services Center at 1-877-MA-ENROLL or 1-877-623-6765, Monday–Friday, 8 a.m.–5 p.m. (For people with partial or total hearing loss, please call TTY:1-877-623-7773.)

Each month you will receive a bill that must be paid by the 25th day of the month. You must pay this bill every month for your health benefits to continue. Mail premiums to:

Commonwealth Care
P. O. Box 849175
Boston, MA 02284-9175

You may apply for a waiver or reduction of your premiums payments if you believe you have an extreme financial hardship that affects your ability to pay. Only certain events are considered extreme financial hardship. You may also qualify for a premium payment plan. If you want to learn more about these options, please contact Commonwealth Care Member Services Center at 1-877-MA-ENROLL or 1-877-623-6765, Monday–Friday, 8 a.m.–5 p.m. (For people with partial or total hearing loss, please call TTY: 1-877-623-7773.) Commonwealth Care Member Services can also answer questions you have about your premium bill.

Copayments for Plan Type 1 Enrollees Only

You may need to pay a small fee (copayment) for some Commonwealth Care benefits.

For pharmacy services that include both first-time prescriptions and refills, the copayments depend on whether you are filling a generic or brand-name prescription. For more details on your copayment amounts, please see your *Summary of Benefits and Coverage*, available on-line at www.nhp.org.

- For select generic over-the-counter cough, cold and allergy medicines with a valid prescription and purchased at a participating pharmacy for up to a 30-day supply, the copayment depends on the drug prescribed. For a complete list of over-the-counter drugs, visit www.nhp.org or contact our Customer Service Center at 800-462-5449 (TTY 800-655-1761).
- The following drugs will remain at the generic cost-sharing price: antihyperglycemics (medications for diabetes), including metformin and glyburide; antihypertensives, (medications for high blood pressure) including atenolol and

lisinopril; antihyperlipidemics (medications for high cholesterol) including simvastatin and lovastatin.

There is a yearly copayment cap (or limit that you will be charged) for pharmacy services. Once you have been charged the maximum amount in copayments during the year, you will no longer have to pay copayments for that type of service until the next benefit year (starting July 1). You may apply to the Connector Authority for a waiver of these copayments for up to 12 months if you believe you have an extreme financial hardship that affects your ability to pay. The Connector Authority considers only certain events to be an extreme financial hardship.

To learn more about applying for a copayment waiver, please call Commonwealth Care Member Services Center at 1-877-MA-ENROLL or 1-877-623-6765, Monday–Friday, 8 a.m.–5 p.m. For people with partial or total hearing loss, please call TTY: 1-877-623-7773.

Copayments for Plan Type 2 and Plan Type 3 Enrollees

You may need to pay a fee (copayment) for some Commonwealth Care covered services such as hospital visits or prescription drugs. Some of these services with copayments have yearly copayment caps (or limits that you will be charged). This means that once you have been charged the maximum in copayments each year, you will no longer have to pay copayments for that type of service until the next benefit year (starting July 1).

Copayment Transfer Letter

If you change health plans, the copayments you have already paid can still count toward your total yearly copayment amount. To make this happen, you must call your old health plan to request a Copayment Transfer Letter. Your old health plan will send you this letter and you will need to send this letter to your new health plan. The letter will tell your new health plan the amount of copayments you already paid during the year. You must send this Copayment Transfer Letter to your new health plan within 45 calendar days from when your coverage begins in your new health plan or you may not be able to adjust your yearly copayment cap amounts.

If you have any questions about this process, please contact the NHP Customer Service Center at 1-800-462-5449, Monday–Friday, 8 a.m.–6 p.m. (Thursday, 8 a.m.–8 p.m.).

Keep Commonwealth Care Informed

It is important to tell the Connector as soon as possible about changes such as:

- You become pregnant.
- You have a baby.
- Your income changes.
- You get new health insurance.
- You get a new address or phone number.
- You have a change in immigration status.

The Connector needs your current address so that they can send you important information about benefits and services. If the Connector has the wrong address and your mail is sent back, the Connector may stop your health coverage. To report any of these changes, please call the Commonwealth Care Member Services Center at 1-877-MA-ENROLL or 1-877-623-6765, Monday–Friday, 8 a.m.–5 p.m. For people with partial or total hearing loss, please call TTY: 1-877-623-7773.

Your Right to Appeal

If you disagree with an action taken by the Connector regarding your insurance coverage, you may submit an *Appeal Request Form* and ask for a hearing before an impartial hearing officer. You have the right to appeal the following actions taken by the Connector:

- The Connector's decision on your request to change your health plan
- Your disenrollment from a health plan or Commonwealth Care for non-payment of premiums or for any other reason

- The Connector's decision on a Premium or Copayment Waiver-Reduction Application for extreme financial hardship
- Your copayment cap or yearly limits

To appeal one of these actions, you can request an *Appeal Request Form* from the Commonwealth Care Member Services Center at 1-877-MA-ENROLL or 1-877-623-6765, Monday–Friday, 8 a.m.–5 p.m. For people with partial or total hearing loss, please call TTY: 1-877-623-7773 to request an *Appeal Request Form*.

If you disagree with an action taken by NHP regarding your insurance coverage, the quality of health care or services that you have received, or any aspect of NHP's administrative operations, you also have the right to file a complaint or appeal to NHP. Complete details on NHP's Complaint and Grievance Process are located in Section 14 of this handbook.

Questions

If you have questions about the benefits available to you under your Commonwealth Care coverage or if you are interested in changing health plans please call the Commonwealth Care Member Services Center at 1-877-MA-ENROLL or 1-877-623-6765, Monday–Friday, 8 a.m.–5 p.m. For people with partial or total hearing loss, please call TTY: 1-877-623-7773.

If you have questions or want more information about the benefits covered under NHP, please call NHP's Customer Service Center at 1-800-462-5449, Monday–Friday, 8 a.m.–6 p.m. (Thursday, 8 a.m.–8 p.m.).

To learn more about Commonwealth Care, visit the Commonwealth Care website at www.macommonwealthcare.com.

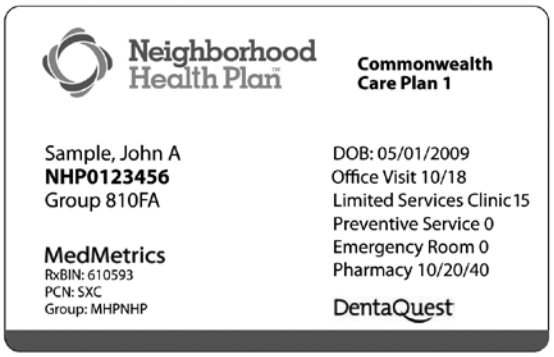
Section 3.

Member Card

Your NHP Member Card

NHP will mail you a permanent NHP Member Identification Card (NHP Member ID Card) within fifteen (15) calendar days of Enrollment. Your NHP Member ID Card has important information about you and your benefits. It also tells Providers and pharmacists that you are a Member of NHP. Be sure to show your NHP Member ID Card whenever you get health care or fill a prescription. Always carry your Member card with you so it will be handy when you need care.

Please read your card carefully to make sure all the information is correct. If you have questions or concerns about your NHP Member ID Card, or if you lose it, call the



NHP Customer Service Center at 1-800-462-5449 or TTY 1-800-655-1761.

Section 4.

Member Information

Your Primary Care Site and Primary Care Provider

When you join NHP, you are asked to choose a Primary Care Provider at a Primary Care Site in the NHP Commonwealth Care Plan Network. If you are new to your site, choose a new Primary Care Provider from the primary care staff at that site. Your Primary Care Provider can be a Physician, Nurse Practitioner, or Physician Assistant.

For a list of Primary Care Sites and Primary Care Providers in the NHP Commonwealth Care Plan Network, please refer to the NHP *Provider Directory*. The *Directory* has important information about Primary Care Sites, such as:

- Location and phone number
- Hours of operation
- Providers' names
- Specialty services
- Languages spoken
- Handicap accessibility

If you need a copy of the NHP Commonwealth Care *Provider Directory*, call NHP's Customer Service Center at 1-800-462-5449 or TTY 1-800-655-1761 or visit NHP's website at www.nhp.org.

Your Primary Care Provider

All Members must choose a Primary Care Provider upon Enrollment in NHP. Your Primary Care Provider provides or helps to arrange your health care.

To choose a Primary Care Provider or Primary Care Site, call the NHP Customer Service Center at 1-800-462-5449 or TTY 1-800-655-1761. You should choose a Primary Care Site close to your home or workplace. If you do not choose a Primary Care Provider within fifteen (15) days of your Enrollment date, NHP will assign you one. NHP will also assign a Provider to you if your first choice of Primary Care Provider is not available. You can change your Primary Care Provider up to a maximum of three (3) times per year. To change your Primary Care Provider contact NHP's Customer Service Center.

Why It Is Best to Call Your Primary Care Site

Calling first can save you a needless trip to the Emergency room—and hours of waiting and worrying. You will get the quickest and best advice from people who know you well. For example, your Primary Care Site's doctor or nurse on call may tell you how to treat your problem at home. If the doctor or nurse thinks that you need to go to the Emergency room, he or she will tell you exactly where to go. The doctor or nurse can also let the Emergency room know you are coming.

Changing Your Primary Care Provider

Your Primary Care Provider can provide better care when he or she knows you and your medical history. For this reason, NHP encourages you to have an ongoing relationship with your Primary Care Provider. If you ever wish to change your Primary Care Provider you may do so up to a maximum of three (3) times per year for any reason. To change your Primary Care Provider, call NHP's Customer Service Center. A Customer Service Representative will assist you with your selection and process the change.

If you choose a new Primary Care Provider and/or Primary Care Site, your change(s) are effective the next business day.

If your Primary Care Provider leaves the NHP Provider Network, NHP or your Primary Care Provider will notify you in writing. When you are notified, call the Customer Service Center to select a new Primary Care Provider.

If Your Primary Care Provider is Disenrolled from NHP

NHP will make every effort to notify you at least thirty (30) days before the disenrollment of your Primary Care Provider. You will

continue to be covered for health services, consistent with the terms of this handbook, by your Primary Care Provider for at least thirty (30) days after the date he/she is disenrolled, other than disenrollment for quality-related reasons or fraud.

Continuity of Medical Care

In order to ensure continuity of care, there are some circumstances when NHP will provide coverage for health services from a Provider who is not participating in NHP's Network.

- If your Provider has been disenrolled from NHP's network, for reasons unrelated to quality of care or fraud, NHP will provide coverage for up to 30 calendar days if the Provider is your Primary Care Provider or up to 90 calendar days if the Provider, including a PCP, is providing you with active treatment for a chronic or acute medical condition or until that active treatment is completed, whichever comes first. For any pregnant Member who is in her second or third trimester this coverage will continue through the first postpartum visit. For any Member who is terminally ill, this coverage will continue through the Member's death.

To continue care in the above situation, the Provider must adhere to the quality assurance standards of NHP and provide NHP with necessary medical information related to the care provided. In addition, the Provider must adhere to NHP's policies and procedures, including procedures regarding prior authorizations and providing services pursuant to a treatment plan, if any, approved by NHP. In the case of disenrolled Providers, they must also agree to accept reimbursement from NHP at the rates applicable prior to notice of disenrollment as payment in full, and not to impose cost sharing with respect to the Insured in an amount that would exceed the cost sharing that could have been imposed if the Provider had not been disenrolled. Failure of a Provider to agree to these conditions may result in a denial of coverage for the provided service.

Closed Panel PCPs

A provider's panel may not be closed to an existing patient who has transferred to NHP from another health plan.

If you have any questions please call the NHP Customer Service Center at 1-800-462-5449 (TTY 800-655-1761).

Getting to Know Your Primary Care Provider

It is a good idea to meet your new Primary Care Provider before you need care. To make an appointment, call your Primary Care Site. Your Primary Care Site's phone number is on the letter that accompanied this card, or you can contact our Customer Service Center for the phone number. When you call, be sure to say that you are an NHP Member. You should request your old Primary Care Provider to send your health records to your new Primary Care Site before this visit.

When you go to your appointment, show your NHP Member ID card. You and your Primary Care Provider can use this appointment to get to know each other. After this first appointment, call your Primary Care Site whenever you need health care. In an Emergency, seek immediate care at the nearest facility.

Behavioral Health (Mental Health and Substance Use) Providers

NHP Members have access to a full range of Behavioral Health (mental health and substance use) services. Beacon Health Strategies is the organization that manages NHP's Behavioral Health program. Some examples of Behavioral Health (mental health and substance use) Services are individual, group and family counseling and methadone treatment. For a complete listing of Behavioral Health Services, see page 24.

If you need Behavioral Health Services, you may choose any Provider in NHP's Behavioral Health Network. You can make the appointment on your own or call the Beacon Health Strategies clinical department at 1-800-414-2820 (TTY 1-781-994-7660) to help you find a Provider. You may also ask for assistance from your Primary Care Provider. For information about NHP's Behavioral Health Network Providers, refer to the Behavioral Health section of the NHP Provider Directory or call Beacon Health Strategies clinical department at 1-800-414-2820 (TTY 1-781-994-7660) or call NHP's Customer Service Center at 1-800-462-5449 (TTY 1-800-655-1761).

Emergency Care

NHP Members are covered for care in Emergencies. An Emergency is a health condition that you believe will put your health in serious danger if you do not receive immediate medical attention. Examples of Emergencies are chest pain, poisoning, trouble breathing, severe bleeding, convulsions, or having thoughts of hurting yourself or others. If you think your health problem is an Emergency and needs immediate attention, call 911 or your local Emergency phone number at once or go to the nearest Emergency room right away. At the Emergency room, you will be examined and stabilized before you are discharged or transferred to another hospital.

For a list of Emergency rooms in all areas of the state, refer to the NHP Provider Directory. Contact your Primary Care Provider within 48 hours of any Emergency care. Your Primary Care Provider will be able to arrange follow-up care. If you experienced a Behavioral Health (mental health and substance use) Emergency you should contact your Behavioral Health Provider, if you have one.

Urgent Care

Urgent Care is care for an injury or illness that requires immediate care but is not serious enough to warrant a visit to an emergency department. An example might be a sprained ankle or mild flu symptoms. For an Urgent Care visit, call your Primary Care Provider or Primary Care Site, twenty-four (24) hours a day, seven (7) days a week. The on-call representative will help you decide if your condition is urgent and will tell you how to go about making an urgent care appointment. Most urgent care centers also accept walk-in patients.

Specialty Care

At times, your Primary Care Provider may suggest that you see a Specialist. Specialists are doctors who focus on one area of medicine. Examples of Specialists are cardiologists, dermatologists and allergists. If your PCP determines you require specialized care, they may "refer" you to an appropriate NHP Network Specialist. A referral is required by NHP before the plan will cover the visit.

All NHP members who receive primary care services through Harvard Vanguard are required to obtain a referral to receive care from any non–Harvard Vanguard specialty care provider.

Before making your appointment with an In-Plan Specialist, your PCP can discuss the situation, consider options and help decide where you can get the services you need. When you have an established connection with your PCP, he or she can help you address all aspects of your health care and assist you in managing all the services you need.

It is the responsibility of the PCP's office to send the referral to the Specialist. This process helps NHP ensure that the PCP is coordinating the Member's care. It is the members' responsibility to ensure they have a referral prior to seeing a specialist. It is a good idea after you have received confirmation from your PCP that a referral was sent to check with the Specialist office at the time of your appointment. If you don't have a referral you can ask the specialist's office to contact your PCP's office to send the referral while you wait. Failure to obtain a referral can result in you being financially responsible for your appointment.

Specialty referrals are required for all specialists except the following:

- A Gynecologist or Obstetrician for routine, preventive, or urgent care
- Family planning services provided by any Commonwealth Care provider
- Outpatient and diversionary Behavioral Health Services
- Emergency services (in-plan and out-of-plan)

Sometimes a specialist will recommend you see another specialist. Always check with your PCP before seeing a specialist because your PCP needs to issue the referral. A specialist isn't able to refer you to another specialist.

It is also your responsibility to make sure that the Specialist you wish to see is part of the NHP Network. When you use in plan Providers, you know that they have been credentialed by NHP and that they will work with our medical staff to help ensure you get the care you need. You may search our Provider Directory or call the NHP Customer Service Center at 1-800-462-5449 (TTY 1-800-655-1761).

If at any time you or your PCP has trouble finding needed medical services in NHP's Network, you or your PCP can call NHP for referral help.

Out-of-network Specialty Care

You may visit an Out-of-Network Specialist only if NHP approves it in advance. Services given by out-of-plan Specialists require prior consent. If there are In-Plan Providers who offer the service, NHP will usually deny the request to cover out-of-plan services. Before you make an appointment or seek medical care from an out-of-plan Specialist, ask your Primary Care Physician or treating doctor to send a request to NHP. After reviewing the request, we will notify you and your doctor of our decision in writing. If you do not receive written approval from NHP for out-of-plan specialty care, the plan will not cover the services.

If you do receive consent for out-of-plan specialty care, Copayments, if any will remain the same. NHP will arrange payment to the Out-of-network Provider. All NHP Members have access to our complete Network of Specialists. If you need specialty care, your Primary Care Provider is able to manage your care with a Specialist.

Diversionary Behavioral Health (Mental Health and Substance Use) Services

NHP offers an array of Behavioral Health (mental health and substance use) Services to its Members. In addition to traditional outpatient services (which includes individual, couples, family, and group counseling as well as medication management), there are a number of diversionary services available to NHP Members. Diversionary services do not require a Referral, but these services do require a Provider to obtain prior Authorization from Beacon Health Strategies. You may learn more about these services by calling Beacon Health Strategies at 1-800-414-2820 or speaking to your outpatient therapist, if you have one.

Examples of diversionary Behavioral Health Services include partial hospitalization programs ( ), structured outpatient addiction programs (SOAP), and community support services (CSP). PHPs have structured intensive therapeutic services for up to six hours a day and CSPs offer outreach and support to assist a Member in treating their mental health or substance use issues in the community. Structured outpatient addiction programs (SOAPs) provide short-term, clinically-intensive structured day and/or evening addiction treatment services, usually provided in half or full-day units up to six (6) or seven (7) days per week. This program is designed to enhance continuity for Members being discharged from Level III or Level IV detoxification programs as they return to their homes and communities.

Non-emergency Hospital Care

If you need hospital care and it's not an Emergency, your Primary Care Provider will make the arrangements for your hospital stay. You must go to the hospital specified by your Primary Care Provider in order for NHP to cover your hospital care.

NHP will cover hospital care only if your Primary Care Provider or Primary Care Site arranges such care. The only exception is for Emergency care. If you change your Primary Care Provider, your new Primary Care Provider must arrange for any further hospital care.

Behavioral Health Hospital Care

If you feel you need Inpatient hospital care for Behavioral Health needs, call 911 or your local Emergency phone number, or go to the nearest Emergency room right away. At the Emergency room you will be screened and evaluated for admission. You may also call the Behavioral Health Emergency Program in your Service Area. For a listing of Emergency Rooms and Behavioral Health Emergency Service Programs in all areas of the state, refer to the NHP Provider Directory. You can also call Beacon Health Strategies' clinical department at 1-800-414-2820 (TTY 1-781-994-7660) or your Primary Care Provider.

After-hours Care

No matter when you are sick—day or night, any day of the year—call your Primary Care Site. All NHP Primary Care Sites have a doctor or nurse on call 24 hours a day, 7 days a week. The doctor or nurse on call is there to help with urgent health problems. When you call your Primary Care Site after hours, the site's answering service will answer your call. The service will take your name and telephone number and contact the doctor or nurse on call. That doctor or nurse will call you back to talk about your problem and help you decide what to do next.

For Behavioral Health after hours care, call your Behavioral Health Provider first. You may also call Beacon Health Strategies' clinical department 24 hours a day, seven days a week at 1-800-414-2820 (TTY 1-781-994-7660).

If you think your health problem is an Emergency and needs immediate attention, call 911 or your local Emergency number at once or go to the nearest Emergency room.

Care When You Travel Outside the NHP Service Area

When Members are away from home, NHP will cover only Emergency and Urgent Care services. To ensure coverage, be sure to take care of your preventive health care needs before traveling outside of the NHP Service Area. If you need Emergency Care or Urgent Care while you are temporarily outside the NHP Service Area, go to the nearest doctor or Emergency room. You do not have to call your Primary Care Provider before seeking Emergency or Urgent Care while outside the NHP Service Area. You or a family member should call your Primary Care Site within 48 hours of receiving out-of-area care.

NHP will cover all Medically Necessary Emergency and Urgent Care Services delivered outside the Service Area.

NHP will *not* cover:

- Tests or treatment requested by your Primary Care Provider before you left the Service Area
- Preventive Care or follow-up care that can wait until your return to the Service Area, such as physical exams, flu shots, stitch removal, mental health counseling
- Care that could have been foreseen prior to leaving the Service Area such as elective surgery
- Care for childbirth or problems with pregnancy beyond the 37th week of pregnancy, or after being told that you were at risk for early delivery

A Provider may ask you to pay for care received outside of NHP's Service Area at the time of service. If you pay for Emergency Care or Urgent Care you received while outside

of NHP's Service Area, you may submit a Claim to NHP for reimbursement. See "If You Receive a Bill in the Mail" in Section 13 for more information and instructions on how to submit a Claim. You may also call the Customer Service Center for assistance with any bills that you may receive from a health care Provider.

Family Planning Services

Family Planning Services include birth control methods as well as exams, counseling, pregnancy testing, and some lab tests. Call any NHP contracted Family Planning clinic for an appointment. You may also see your Primary Care Provider for Family Planning Services. Call the NHP Customer Service Center if you need help finding a Provider for Family Planning Services.

Maternity Care

NHP covers many services to help you have a healthy pregnancy and a healthy baby. If you think you might be pregnant, call your Primary Care Site. Your site will schedule an appointment for a pregnancy test.

If you are pregnant, your Primary Care Site will arrange your maternity care with an obstetrician or nurse midwife. You will be scheduled for regular checkups during your pregnancy. It is important to keep these appointments even if you feel well. During these appointments, your obstetrician or nurse midwife will check your baby's progress.

He or she will tell you how to take good care of yourself and your baby during your pregnancy. He or she will also take care of you when you have your baby. NHP also has a special program for pregnant Members called *For You Two*. For more information about this program, see page 19.

If you become pregnant, you may be eligible for Medicaid (MassHealth). For more information, call the NHP Customer Service Center at 1-800-462-5449 or TTY 1-800-655-1761.

When your baby is born, he/she will be eligible for Medicaid (MassHealth). If you have any questions about how to enroll your baby in NHP, call the NHP Customer Service Center.

Section 5.

Authorization

An Authorization is a special approval by NHP for payment of certain services. Not all services require Authorization. But, if a service does require Authorization, Authorizations must occur before you receive the service in order for the service to be covered. Your Primary Care Provider or the Specialist treating you will request an Authorization if it is necessary. For health plan benefits, the request is submitted to NHP. Examples of services requiring Authorization from NHP are physical therapy, speech therapy, surgical procedures and elective admissions, Inpatient psychiatric care, etc. NHP gives Authorizations as soon as possible.

For an initial Authorization regarding a proposed admission, procedure or service, Authorization decisions are made within two (2) business days of obtaining all necessary information and Providers are informed of the decision within 24 hours. The Provider and the Member receive written notification of the decision within one (1) business day of the verbal notification for Adverse Determinations, and within two (2) business days for approvals.

Urgently needed services provided during non-business hours require notification by the next business day.

Concurrent Authorization decisions are made within one (1) business day of obtaining all necessary information. In the case of a determination to approve an extended stay or additional services, Providers are verbally informed of the decision within one (1) business day. Written or electronic confirmation is sent to the Provider and Member within one (1) business day thereafter. Written or electronic notification includes the number of extended days or the next review date, updated total number of days of service approved and the date of admission or initiation of services. In the case of an Adverse Determination, verbal notification is sent to the Provider within 24 hours and written or electronic notification is sent to the Provider and Member within one (1) business day thereafter.

Once NHP 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 you have this Authorization letter before any service(s) requiring Authorization are provided to you. If your Provider feels that you need service(s) beyond those authorized, he or she will ask for Authorization directly from the plan. If we approve the request for 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 letter. NHP will not pay for any services that were not authorized. NHP 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 a Grievance. For complete details on filing a Grievance, please refer to section 14 of this handbook or contact NHP's Customer Service Center for more information.

It is your responsibility to make sure that you have written Authorization for coverage prior to receiving services that require Authorization. You may confirm the need for Authorization with your NHP providers or by contacting NHP's Customer Service Center.

Section 6.

NHP's Pharmacy Benefit

The pharmacy benefit is another way NHP helps you take care of your health. NHP covers most prescription drugs and select brand-name and generic (non-brand-name) over-the-counter drugs, with a prescription, as part of your benefit. Generic medications are mandatory when available, unless your health care Provider shows that a brand-name is Medically Necessary. For specific information about your pharmacy benefit, check your NHP Member ID card or your *Summary of Benefits and Coverage*.

Filling Prescriptions

To fill a prescription, bring it to one of the pharmacies in Massachusetts that is in the NHP Network. Participating pharmacies include most major chains and most community pharmacies. Refer to the NHP Provider Directory for a listing of pharmacies, or refer to www.nhp.org, Provider Look-up. Be sure to show your NHP Member ID Card so the pharmacist will know you are a Member of NHP.

Some prescription drugs need an Authorization. Your NHP Provider can ask for an Authorization so you can have the prescriptions you need. If you have any questions about which drugs do require Authorization, visit www.nhp.org, or call the NHP Member Care Center at 1-800-462-5449 (TTY 1-800-655-1761), Monday–Friday, 8:00 a.m.–6:00 p.m. and Thursday 8:00 a.m.–8:00 p.m.

Pharmacy Reimbursements

If you choose to fill a prescription for a covered drug at a non-participating pharmacy, you must pay the retail price for the drug and then submit a claim for reimbursement. Reimbursement for drugs will be paid minus the copayment, coinsurance, and any unmet deductible (if applicable).

Please complete the *Prescription Drug Reimbursement Form* found at www.nhp.org and send it with your dated drug store receipts (must state the name of the drug, the prescription number, and the amount paid for the item) to:

MedMetrics Health Partners
Attn: Member Services
100 Century Drive, Suite A
Worcester, MA 01606-1244

Access 90

For Members who prefer the convenience of receiving their prescriptions through the mail, certain maintenance medications (such as drugs used for asthma, blood pressure, high cholesterol and arthritis) are available through Catamaran Home Delivery. Catamaran Home Delivery provides Members with a 90-day supply of prescription medicines at a reduced cost. The Copayment for a 90-day supply is reduced for both Tier 1 and Tier 2 medications. For Tier 1 and Tier 2 medications, two Copayments apply for a three-month supply. To order your prescriptions through the mail, please complete the registration form included in your Member kit. Members only need to complete the form once and return it in the supplied envelope.

To get another form, call the NHP Customer Service Center at 1-866 567-9175 (TTY 1-800-655-1761) Monday–Friday 8:00 a.m.–6:00 p.m., and Thursday 8:00 a.m.–8:00 p.m. Members can order refills by contacting Catamaran Home Delivery's Customer Care Center at 1-800-881-1966 (24 hours a day) or online at www.mycatamaranrx.com.

Maintenance 90

To save money on your maintenance medications, NHP requires that you receive maintenance medications in a 90-day supply. Maintenance medications are those that treat chronic conditions such as high blood pressure, diabetes, etc. Short-term use medications (i.e. pain medication, antibiotics) do not have this requirement. To see if you must fill your medication with a 90-day supply, visit the Drug Look-up on www.nhp.org.

In order to switch to 90-day supplies of your medication, you must ask your medication prescriber to write you a new prescription to allow 90 days of medication to be dispensed at a time.

Besides the convenience of filling prescriptions less often, you may benefit from 90-day prescriptions because the Copay and Coinsurance for a 90-day supply is reduced for most medications. For Tier 1 and Tier 2 medications, two Copays apply for a three-month supply.

You can opt out of the 90-day program for one or more of their medicines. This can be done for twelve months at a time. If needed, you can use a one-time deferral until they get a new prescription from your provider for a 90-day supply. For a shorter, 30-day deferral, or to opt-out for more than 30 days, call the NHP Customer Service Center.

If a provider feels that it is Medically Necessary for you to get just a 30-day supply at a time, opting out of 90-day prescription would be based on a provider request to reduce the duration and medication(s). This process would require information from the provider: the medication(s) listed, the proposed time frame for exclusion, and the reason for only a 30-day supply.

If you have any questions regarding the mandatory 90-day supply, please call the NHP Customer Service Center at 1-866-567-9175 (TTY 1-800-655-1761) Monday–Friday 8:00 a.m.–6:00 p.m., and Thursday 8:00 a.m.–8:00 p.m.

Maintenance 90-day Supply

NHP requires that you receive maintenance medications in a 90-day supply. Maintenance medications are those that treat chronic conditions such as high blood pressure, diabetes, etc. Short-term use medications (i.e. pain medication, antibiotics) do not have this requirement. Your medication prescriber will have to write the prescription to allow that 90 days be dispensed at a time. The Copayment for a 90-day supply is reduced for most medications. To find out your copayments, see your Summary of Benefits and Coverage for Mail Order or Access 90 copayments. To see if you must fill your medication with a 90-day supply, visit www.nhp.org and enter the name of your medication in Drug Look-up.

Members can opt out of the program for one or more of their medicines. This can be done for three months at a time. You can use a one-time deferral until you get a new prescription from your provider for a 90-day supply. For a 30-day deferral, or to opt-out for more than 30 days, you should call the NHP Customer Service Center.

If a provider feels that it is medically necessary for a member to get just a 30-day supply at a time, the opt-out would be based on the provider request as to duration and medication(s). This process would require information from the provider with the medication(s) listed, the proposed time frame for exclusion, and the reason for the 30-day supply only.

If you have any questions about your pharmacy reimbursement or the mandatory 90-day supply, please call the NHP Customer Service Center at 1-800-462-5449 (TTY 1-800-655-1761), Monday–Friday, 8:00 a.m.–6:00 p.m. and Thursday 8:00 a.m.–8:00 p.m.

Over-the-Counter Drug Benefit

Some over-the-counter medications (including cough, cold and allergy) are covered by your NHP pharmacy benefit with a valid prescription from your doctor for up to a 30-day supply. Copayments may vary depending on drug prescribed. For a complete listing of the over-the-counter drugs and applicable Copayment amounts, please refer to our website at www.nhp.org. All pharmacy programs have been developed and approved by NHP's Pharmacy and Therapeutics Committee of physicians and pharmacists.

Prescription Drug Programs

The following prescription drug programs apply to all covered members.

Quantity Limit

NHP may limit the number of units for a specific medication you may receive in a given time period to ensure safe and appropriate use. These limits are based on recommended dosing schedules, and the availability of several strengths of the medication. Quantity limits automatically apply at the time the prescriptions are purchased.

Mandatory Generic Policy

NHP's mandatory generic policy requires a generic version of a medication be tried before the brand name medication is considered for coverage. A generic drug is the same medication and works in the same way as the brand name medication. Generic medications are approved by the US Food and Drug Administration (FDA) as safe and are the equivalent of the original brand name medication. In addition, there are usually multiple manufacturers of a generic medication that may result with a lower cost compared to the branded alternative. Prior authorization is required for exception to NHP's mandatory generic medication pharmacy benefit. If you have already tried a generic equivalent, and wish to appeal the mandatory generic policy, you may contact the NHP Customer Service Center at 1-800-462-5449 (TTY 800-655-1761 Monday–Friday, 8 a.m.–6 p.m. (Thursday, 8 a.m. –8 p.m.).

Prior Authorization

Prior authorization is a process in which a clinical review is required before a specific medication may be dispensed to a covered NHP member. The review entails the application of criteria approved by NHP's Pharmacy and Therapeutics Committee of physicians and pharmacists and is designed to assure the safe, effective and appropriate use of a medication. These criteria are based on clinical studies and standards of care. The prior authorization process may entail a delay in your ability to fill the prescription until the clinical review based on information provided by your physician (or his/her designee). The clinical review process may take up to 48 hours after complete information has been received.

Step Therapy

NHP automates the prior authorization criteria for some medications. NHP members who qualify for this program are provided immediate coverage without the requirement of a clinical review based on the prescriptions already filled through NHP. For more information, you may contact the NHP Customer Service Center at 1-800-462-5449 (TTY 800-655-1761) from Monday–Friday, 8 a.m.–6 p.m. (Thursday, 8 a.m.–8 p.m.).

Specialty Pharmacy Program

The NHP Specialty Pharmacy Program offers a less costly method to purchasing expensive injectable drugs and medications that are used to treat complex medical conditions. Certain medications and injectables are covered only when obtained from NHP's preferred list of Specialty Pharmacies. A complete list of prescriptions included in the Specialty Pharmacy program, along with the list of participating specialty pharmacies, are available on our website at www.nhp.org.

You may also determine if your drug is included in the program through the searchable Drug Lookup, also available on our website at www.nhp.org. Your primary care physician can assist you with the purchase of the covered specialty medications. If your prescription is included in the Specialty Pharmacy Program, please contact your doctor who will help you complete and submit a new prescription referral form to the correct specialty pharmacy. You will not be able to purchase specialty drugs through our other participating network pharmacies and will only be able to purchase the drugs through a preferred specialty pharmacy. NHP Specialty Pharmacies have expertise in the delivery of the medications they provide, and offer special services not available at a traditional retail pharmacy, including:

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

If you have any questions about NHP's Specialty Pharmacy Program, please call the NHP Customer Service Center at 1-800-462-5449. Monday–Friday, 8 a.m.–6 p.m. (Thursday, 8 a.m.–8 p.m.).

Limitations

There are a number of prescription drugs that are either not covered or for which coverage is limited. NHP only covers drugs that are Medically Necessary for preventive care or for treating illness, injury, or pregnancy.

Exceptions

You or your provider may request an exception for coverage of any drug that is excluded or limited. Exceptions may only be granted for clinical reasons. For more information, please contact the NHP Customer Service Center at 1-800-462-5449 Monday–Friday, 8 a.m.–6 p.m. (Thursday, 8 a.m.–8 p.m.).

NHP has a number of on-line tools to help our members understand their prescription drug benefits. Please refer to our website at www.nhp.org for a listing of covered drugs. You may also learn about your medication's tier placement, if any benefit restrictions or limitations apply, and get detailed information about your medications. By clicking on the highlighted medication you can also obtain detailed information about the medication through the Healthwise Knowledgebase.

Exclusions

NHP's prescription drug benefit features an open Preferred Drug List, in which the following drugs or services are excluded:

- Dietary supplements[1]
- Therapeutic devices or appliances (except where noted) [1]
- Biologicals, immunization agents or vaccines[2]
- Blood or blood plasma[2]
- Medications which are to be taken by or administered to an individual, in whole or in part, while he or she is a patient in a licensed Hospital, nursing home, or similar institution which operates on its premises or allows to be operated on its premises, a facility for dispensing pharmaceuticals [2]
- Charges for the administration or injection of any drug [2]
- If an FDA approved generic drug is available, the brand name equivalent is not covered
- Anabolic steroids
- Progesterone supplements
- Fluoride supplements/vitamins over age 13.
- Drugs whose sole purpose is to promote or stimulate hair growth or for cosmetic purposes only
- Drugs labeled "Caution-limited by federal law to investigational use," or experimental drugs, even though a charge is made to the individual
- Medications for which the cost is recoverable under Worker's Compensation or Occupational Disease Law or any state or Governmental Agency, or medication furnished by any other Drug or Medical service for which no charge is made to the Member
- Any prescription refilled in excess of the number of refills specified by the physician, or any refill dispensed after one year from the physician's original order

For more information about NHP's Preferred Drug List call the NHP Customer Service Center at 1-800-462-5449, TTY 800-655-1761, or visit our website at www.nhp.org.

1. Covered in certain circumstances under the Durable Medical Equipment (DME) benefit.

2. Covered in certain circumstances under medical benefit.

Section 7.

Care Management Programs

If you have a complex health concern, NHP has care managers who can support you and your health care Provider during treatment. Our care managers are nursing and therapy professionals (e.g., physical, respiratory, etc.) who have expertise helping individuals who have a range of health care needs. Care management can be provided for diabetes, smoking cessation (help to stop smoking), asthma, Behavioral Health (mental health and substance use), cancer, injuries requiring physical therapy, organ transplant patients, and chronic illnesses.

Below is a list of some of our care management programs. Members may join any of the programs. For information on these or additional programs:

- Call the NHP Customer Service Center at 1-800-462-5449 or TTY 1-800-655-1761.
- Visit NHP's website at www.nhp.org.
- Call one of our Care Managers toll-free at 800-432-9449.

Asthma Management Program

NHP's Asthma Program helps you better manage your asthma by making sure you get all the care you need. An Asthma Care Manager will work with you and your health care Provider to come up with a treatment plan that works for you. A respiratory therapist can also visit you at home, help you understand how to use your medication, and help you identify what could be triggering asthma episodes. Educational books, videos, and a computer game that helps children understand asthma are also available.

Behavioral Health (Mental Health and Substance Use) Intensive Care Management

NHP provides care for members who may have mental health and substance use concerns. NHP's Behavioral Health Care Management program is managed by Beacon Health Strategies.

They can help find a counselor near you, make recommendations, and explain your treatment options. A referral from your doctor is not needed for these services. For more information about Behavioral Health benefits:

- Call Beacon Health Strategies at 800-414-2820 (TTY: 781-994-7660).
- Visit Beacon Health Strategies website at www.beaconhealthstrategies.com.
- Call the NHP Customer Service Center at 1-800-462-5449 or (TTY 800-655-1761).
- Visit the NHP website at www.nhp.org.

Care Partnership Program

If you have complex care needs, or the potential for complex care needs, care managers work with you on developing health & wellness action plans, coaching and education, and collaborate with your Providers to coordinate your health care needs.

Diabetes Management Program

If you have diabetes, you may benefit from the extra care and education our Diabetes Management Program provides. Diabetes care managers reach out to Members considered to be at-risk for diabetes-related complications by providing education and support.

For You Two Prenatal Program

NHP also provides reimbursement for childbirth classes. Eligible childbirth education classes include breast-feeding classes, parenting classes, infant CPR classes, and childbirth (including refresher classes). You can also combine multiple classes up to the reimbursement limit (for example, you can take a breast-feeding class and a parenting class). You must use an NHP contracted provider to be reimbursed.

Reimbursement is offered for each pregnancy. You can get reimbursed only if you complete the course. You must submit a certificate of completion, a copy of the bill for the course, and proof of payment.

For more information, call NHP's Customer Service Center at 1-800-462-5449 (TTY 1-800-655-1761).

Inpatient Care Management

If you are hospitalized in an acute care hospital, care managers evaluate your needs for discharge planning and help to coordinate Referrals to NHP's other specialty programs.

Regional Care Management

If you require home health care, specialty outpatient services, acute hospitalization, rehab care, or care in a skilled nursing facility, care managers collaborate with health care Providers to coordinate your health care needs to ensure your needs are met.

Social Care Management

NHP has a team of Social Care Managers who have experience helping Members access community-based services and programs. A Social Care Manager can help you determine the types of programs you and your family may be able to access, such as:

- Public assistance (cash benefits)
- Housing services
- Food programs
- Utilities assistance (gas, electric, or phone service)
- Services for people with disabilities
- Making appointments and finding transportation

The Smoking Cessation (Stop Smoking) Program

NHP provides support for Members trying to quit smoking. Getting help from a smoking cessation counselor, using a nicotine replacement therapy (NRT) program, or both, significantly improves your chances of quitting.

A smoking cessation counselor can discuss issues such as deciding on a treatment option, choosing a quit day, dealing with urges when you really want a cigarette, and living with other smokers in your life who are not ready to quit.

The program also includes free over-the-counter nicotine replacement therapy medication and educational materials. You will need to talk to your health care Provider to find out if NRT is right for you, and to get a prescription.

For more information about quitting smoking:

- Call NHP's Quit Smoking Counselor: 617-204-1447
- Call the Massachusetts Quitline: 800-TRY-TO-STOP
- E-mail our smoking cessation counselor at quitsmoking@nhp.org

Section 8.

Covered Health Care Services

General Coverage Requirements for NHP Benefits

You should always check with your PCP or treating Provider to make sure that any required referrals or prior Authorizations have been obtained before the services are performed or the supplies are provided.

To be covered by NHP, all health care services and supplies must be:

- Provided by or arranged by the Member's Primary Care Provider or NHP in-plan Provider.
- Authorized where Authorization is required
- Medically Necessary
- Covered Health Care Services, as described in this handbook
- Provided by an NHP Provider
- Provided to an eligible Member enrolled in NHP

When Coverage Begins While You Are in the Hospital

Your NHP coverage may begin while you are hospitalized. NHP covers such hospitalizations from the Effective Date of Enrollment with NHP.

The following are Covered Health Care Services for NHP Members. Please refer to your *Summary of Benefits and Coverage* for more information.

Abortion

NHP covers abortion when services are obtained from an NHP Provider and performed in a contracted Reproductive Health Service Facility. A Referral from your Primary Care Provider or NHP treating Provider is required for abortions performed in an acute hospital setting.

Acute Care Hospital

NHP covers acute care hospital services when Medically Necessary. Except in an Emergency, your Primary Care Provider must arrange acute care hospital services.

Ambulatory/Day Surgery

NHP covers Medically Necessary Outpatient surgical and related diagnostic and medical services. Your Primary Care or NHP treating Provider must arrange for all Ambulatory/Day Surgery services.

Cardiac Rehabilitation Coverage

NHP covers outpatient cardiac rehabilitation when Medically Necessary. Your Primary Care Provider or NHP treating Provider must arrange services.

Childbirth Education Classes

If your Primary Care Site does not offer childbirth education classes, NHP will reimburse you for a first time childbirth class and for each refresher course. You must pay the full cost of the childbirth course. After you complete the course, you may file a Claim to NHP for reimbursement. Call the NHP Customer Service Center for more information on reimbursement amounts and on how to file a Claim for reimbursement.

Dental Services—Emergency

NHP covers Emergency dental care and oral surgery within seventy-two (72) hours of an accidental injury to the mouth and natural sound teeth only when performed by a physician or oral surgeon. You do not need a Referral from your Primary Care Provider for these services. Unless performed in an Emergency room, these services must be provided by an NHP Provider.

Dental Services—Preventive (Plan Type I Members Only)

NHP covers preventive dental services for Members under Plan Type I. NHP's preventive dental care benefit includes a periodic exam and routine cleaning twice every 12 months; full mouth x-ray once every three (3) years, and bitewing or single tooth x-rays as needed. You do not need a referral for routine preventive dental services provided you obtain such services from an approved NHP Provider. Refer to your *Summary of Benefits and Coverage* to determine if you are covered for preventive dental services. NHP does not provide coverage for orthodontics. For more information on preventive dental services or to determine if your dentist is an approved NHP Provider, call DentaQuest at 1-800-417-7140.

Dental Services—Other

NHP covers extraction of impacted or infected wisdom teeth, including preoperative and postoperative care, x-rays and anesthesia. Prophylactic extractions are not covered.

Diabetic Services and Supplies

NHP covers Medically Necessary services and supplies used in the treatment of insulin-dependent, insulin-using, gestational and non-insulin-dependent diabetes. Services and supplies must be prescribed by an authorized health care professional.

Dialysis

NHP covers kidney dialysis on an Inpatient or Outpatient basis, or at home. Your Primary Care Provider or NHP treating Provider must arrange dialysis services. If you are temporarily outside the NHP Service Area, NHP covers limited dialysis services. You must make prior arrangements with your Primary Care Provider, who must obtain NHP approval for this coverage except in an Emergency.

You may be eligible for Medicare no matter how old you are if your kidneys no longer work and you need regular dialysis or have had a kidney transplant. Contact the Social Security Administration at 1-800-772-1213 for more information.

Disposable Medical Supplies

NHP covers disposable medical supplies that are necessary to meet a medical or surgical purpose; used to treat a specific medical condition; and are non-reusable and disposable when ordered by your Primary Care Provider or NHP treating Provider.

Durable Medical Equipment (DME)

NHP covers Durable Medical Equipment (DME) that is: a) used to fulfill a medical purpose; b) generally not useful in the absence of illness or injury; c) can withstand repeated use over an extended period of time; and, d) is appropriate for home use. Coverage includes but is not limited to the purchase or rental of medical equipment, replacement parts, and repairs. Your Primary Care Provider or NHP treating Provider must order DME.

Emergency Services

NHP covers all medically necessary emergency services. An Emergency is a medical condition, whether physical or mental, manifesting itself by symptoms of sufficient severity, including severe pain, that, in the absence of prompt medical attention, could reasonably be expected by a prudent lay person who possesses an average knowledge of health and medicine to result in placing the health of an Enrollee or another person or, in the case of a pregnant woman, the health of the woman or her unborn child, in serious jeopardy, serious impairment to bodily function, or serious dysfunction of any body organ or part; or, with respect to a pregnant woman, body organ or part; or, with respect to a pregnant woman who is having contractions, an emergency also includes having an inadequate amount of time to effect a safe transfer to another hospital before delivery or a threat to the health or safety of the

Member or her unborn child. You do not need a Referral from your Primary Care Provider for Emergency Services. In case of an Emergency go to the nearest Emergency facility or call 911 or the emergency phone number in your area.

An Emergency is defined as a medical condition, whether physical, behavioral, related to substance use disorder, or mental, manifesting itself by symptoms of sufficient severity, including severe pain, that the absence of prompt medical attention could reasonably be expected by a prudent layperson who possesses an average knowledge of health and medicine, to result in placing the health of the insured or another person in serious jeopardy, serious impairment to body function, or serious dysfunction of any body organ or part or, with respect to a pregnant woman, as further defined in section 1867(e)(1)(B) of the Social Security Act, 42 U.S.C. section 1395dd(e)(1)(B).

Eye Care (Vision Care)

NHP covers preventive vision services for Members once every 24 months and whenever Medically Necessary. Preventive vision benefits do not require a referral from your Primary Care Provider, and include a comprehensive eye exam, one pair of eyeglasses or contact lenses (instead of eyeglasses). Exam copayments are based on your Commonwealth Care plan type. No additional copayment is required for your eyewear (frames, lenses or contacts). Medically necessary vision exams for conditions such as cataracts do require a referral from your Primary Care Physician.

To obtain your full in-network routine vision benefits, vision services should be obtained by an OptumHealth vision provider. To locate a network provider, please call OptumHealth at 800-638-3120 and follow the voice prompts or visit www.myoptumhealthvision.com.

Eye Glasses and Contact Lenses

You are eligible for one pair of eyeglasses or contact lenses once every 24 months.

When purchasing eyewear from an OptumHealth vision provider, your eyeglasses (frames and lenses) are covered in full up to a $130 allowance. Standard scratch-resistant coating is covered in full. Other lens options such as progressive lenses, polycarbonate lenses, high index tints, UV and anti-reflective coating are not covered.

If you choose from an approved list of elective contact lenses, your fitting/evaluation fees, contact lenses, and up to two follow-up visits are covered in full. If you choose disposable contacts, you may receive up to four boxes of disposable contacts (depending upon your prescription). If you choose from other elective contact lenses, a $105 allowance is applied to toward the fitting/evaluation fees and purchase of contact lenses outside the covered selection. Toric, gas permeable and bifocal contact lenses are examples of contact lenses that are outside the covered selection. If your contact lenses are medically necessary, they are covered in full.

OptumHealth also provides partial reimbursement for vision services that are obtained from out-of-network vision providers. For more information, please contact OptumHealth Customer Service at 800-638-3120.

Family Planning Services

NHP covers consultations, examinations, procedures and other medical services provided on an outpatient basis and related to the use of all FDA approved contraceptive methods. You can obtain services from your Primary Care Provider, OB/GYN, Planned Parenthood, or any other NHP Provider who offers these services.

Gynecologic/Obstetric Care

NHP covers Medically Necessary gynecological and obstetrical services. You are not required to obtain prior authorization for preventive or urgent care provided by an obstetrician, gynecologist, certified nurse midwife or family practitioner participating in NHP's health care Provider Network.

Hearing Examinations

NHP covers comprehensive exams and evaluations performed by a hearing Specialist. A referral from your Primary Care Physician to a Specialist in NHP's network is required for this service.

Home Health Care

NHP covers home health care when such care is an essential part of medical treatment and there is a defined goal. Home health care services are provided in a patient's residence by a public or private home health agency. Services include, but are not limited to, Skilled Nursing, Home Infusion, Physical Therapy, Occupational Therapy, Speech Therapy, medical social work, and nutritional consultation, the services of a home health aide and the use of Durable Medical Equipment (DME) and supplies are provided if medically necessary. Your Primary Care Provider or NHP treating Provider must arrange home health care services.

Hospice

NHP covers hospice care for terminally ill Members with a life expectancy of six (6) months or less provided such services are determined to be appropriate and authorized by the Member's Primary Care or other NHP treating Provider.

Services include but are not limited to nursing, medical social work, physician, counseling, rehabilitation therapies, home health aides, medical supplies, drugs, short-term Inpatient care respite, and institutional care.

Immunizations, Vaccinations

NHP covers immunizations when part of an office visit or when provided by an in-network retail clinic or by a pharmacist at an in-network pharmacy.

Laboratory Services

NHP covers services necessary for the diagnosis, treatment, and prevention of disease, and for the maintenance of the health of the Member. Your Primary Care Provider or NHP treating Provider must arrange laboratory services.

Institutional Extended Care (Skilled Nursing Facility Care, Rehabilitation Facility Care, Chronic Hospital Care)

NHP covers Medically Necessary treatment in an extended care facility, such as a skilled nursing facility, rehabilitation facility, or chronic care Hospital.

Such coverage is provided up to the benefit limit described in your *Summary of Benefits and Coverage*. Your Primary Care Provider or NHP treating Provider must arrange institutional extended care services.

Maternity Services

Inpatient

NHP covers Inpatient maternity care for at least 48 hours following a vaginal delivery or 96 hours following a cesarean delivery. If the mother and physician agree to an early discharge, Covered Health Care Services include one home visit by a registered nurse, physician, or certified midwife, and additional home visits, when Medically Necessary and provided by an NHP Provider.

Outpatient

NHP covers prenatal and postpartum care for Members when care is received from an NHP Provider. Services include prenatal exams; diagnostic tests; diet regulation; health care counseling; risk assessment; and postpartum exams.

Mental Health and Substance Use Services (Behavioral Health)

All mental health and substance use services must be provided by a NHP/Beacon contracted Provider. You may call Beacon Health Strategies for immediate information and assistance in locating the services you are seeking at 1-800-414-2820 or TTY 1-781-994-7660 or visit their website at www.beaconhealthstrategies.com.

Outpatient Services

NHP provides benefits for the Medically Necessary diagnosis and treatment of mental health and substance use in an outpatient setting. You do not need a Referral from your PCP provided you obtain these services from a NHP/Beacon contracted Provider.

Inpatient Services

NHP provides benefits for the Medically Necessary diagnosis and treatment of mental health and substance use in an Inpatient setting. All Inpatient mental health and substance use services must be provided by an NHP/Beacon contracted Provider and must be authorized by Beacon Health Strategies.

Intermediate or Diversionary Services

NHP provides benefits for the Medically Necessary diagnosis and treatment of mental health and substance use in an intermediate or diversionary setting including community-based detoxification; community based acute treatment; partial hospitalization; day treatment and crisis stabilization programs. You do not need a Referral from your PCP for intermediate or diversionary services but all intermediate mental health and substance use services must be authorized by Beacon Health Strategies and provided by a contracted Provider.

Emergency Services

If you need emergent mental health or substance use services, call 911 or your local emergency phone number or go to the nearest Emergency Room. You do not need a Referral from your PCP. NHP has contracted with designated Emergency Service Programs (ESP) which are available for crisis screening, medication evaluation, and crisis stabilization. For more information about these services, speak with your Provider or contact Beacon Health Strategies.

Obstetrical Services

See "Gynecologic/Obstetric Services."

Orthotics

NHP covers non-dental braces and other mechanical or molded devices when Medically Necessary to support or correct any defects of form or function of the human body due to surgery, disease or injury. Your Primary Care Provider or NHP treating Provider must arrange for these services.

Oxygen Therapy

NHP covers oxygen therapy for Members who have severe hypoxia as demonstrated by oxygen saturation levels. Coverage includes oxygen and equipment rental and supplies required to deliver the oxygen. Your Primary Care Provider or NHP treating Provider must arrange oxygen therapy services.

Pharmacy

NHP covers prescription drugs when prescribed by an NHP treating Provider. Some prescriptions drugs may require prior authorization from NHP and may have a quantity limit.

Generic substitution of brand-name drugs is mandatory when available. Generally, NHP covers up to a 30-day supply at one time of any covered prescription at a retail pharmacy. Prescriptions for 90-day supplies for medications that are taken regularly every day can be obtained through the Mail Order program. The NHP pharmacy benefit also includes coverage for selected smoking deterrent drugs.

Some over-the-counter medications are covered when prescribed by an NHP Provider, such as generic versions of cough and cold

medicines, allergy medicines, pain medications, and insulin and diabetic supplies.

For more information, please visit NHP's website at www.nhp.org or contact NHP's Customer Service Center.

Podiatry Services

NHP covers Medically Necessary podiatry services whether the service is performed by a physician or a duly licensed podiatrist. A referral from your Primary Care Physician is needed for these services.

Preventive Care

NHP covers primary care for preventive services for adults, women (including pregnant women) and children. This includes coverage for annual physical exams, immunization visits, well child visits, non-diagnostic screenings, and annual gynecological exams.

Please check your *Summary of Benefits and Coverage* to confirm your copayment amount. For a complete list of eligible preventive care services, please visit www.nhp.org/hcreform or contact the NHP Customer Service Center for more information. Covered preventive services reflect the United States Preventive Services Task Force (USPSTF) grade "A" and "B" recommendations, the Advisory Committee on Immunization Practices (ACIP) recommendations, and the Bright Futures recommendations for Pediatric Preventive Health Care. Preventive service descriptions have been adopted from content on the HealthCare.gov website.

Your doctor may provide a preventive service, such as a cholesterol screening test, as part of an office visit. Be aware that you may be responsible for some of the cost of the office visit if the preventive service is not the primary purpose of the visit, or if your doctor bills you for the preventive services separately from the office visit.

Prosthetic Devices

NHP covers prosthetic devices, including evaluation, fabrication, and fitting. Your Primary Care Provider must arrange prosthetic device services.

Primary Care Services

NHP covers diagnosis, treatment, consultation, and minor surgery when provided by the Member's Primary Care Provider or an in-plan NHP Provider.

Radiology

NHP covers all radiological services including X-rays, MRIs and CAT scans. Your Primary Care or NHP treating Provider must arrange radiology services.

Radiation and Chemotherapy

NHP covers radiation and chemotherapy.

Reconstructive/Cosmetic Surgery

NHP covers surgery to restore bodily function or correct functional physical impairment following an accidental injury, prior surgery or congenital/birth defect. Post-mastectomy coverage includes reconstruction of the breast on which the mastectomy was performed; surgery and reconstruction of the other breast to produce a symmetrical appearance; and prostheses and treatment of physical complications for all stages of mastectomy. Your Primary Care or NHP treating Provider must arrange services.

Rehabilitation Therapy (Physical, Occupational and Speech Therapy)

NHP covers evaluation and restorative short-term treatment when needed to improve the ability to perform activities of daily living and when there is likely to be significant improvement in the Member's level of function after illness or injury. Initial evaluations for outpatient rehabilitation therapy do not

require Authorization. Go to any NHP Provider of these services. After your initial evaluation visit (first visit with the therapist), your therapist will need to obtain prior Authorization for ongoing treatment. Refer to your *Summary of Benefits and Coverage* for any limitation on rehabilitation therapy.

Second and Third Opinions

NHP covers second opinions when provided by another NHP Provider. Second opinions from Out-of-Network Providers are covered only when the specific expertise requested is not available within the Network as determined by NHP. NHP also covers third opinions when the second opinion differs from the first. Prior authorization from NHP is required.

Specialty Care

NHP covers specialty care when provided by an NHP in-plan Specialty Care Provider.

Surgery

NHP provides coverage for Medically Necessary surgery including related anesthesia costs. Coverage is also provided for circumcision, cosmetic surgery to restore bodily function or correct functional physical impairment following an accidental injury, prior surgery or congenital/birth defect, and voluntary sterilization.

Tobacco Cessation

NHP covers smoking cessation counseling and selected pharmaceuticals to assist Members in quitting tobacco use. Your Primary Care Provider or NHP treating Provider must arrange for tobacco cessation interventions and you must have a valid prescription for tobacco cessation pharmaceuticals.

Transplants

NHP covers human organ transplants. Transplants must be non-experimental surgical procedures provided within the NHP Network and approved by NHP. Coverage includes donors' costs for both living and nonliving transplant donors to the extent that another insurer does not cover the charges. NHP does not cover donor charges of Members who donate organs to non-Members or recipients of transplants who are not NHP Members.

Transportation

NHP covers emergency ambulance transport to the nearest Hospital that can provide the care you need. Except in an Emergency, ambulance transportation from one health care facility to another is covered only when Medically Necessary and arranged by an NHP Provider.

Wigs (Scalp Hair Prosthesis)

NHP provides coverage for the cost of scalp hair prostheses worn for hair loss suffered due to the treatment of any form of cancer or leukemia. Coverage is limited to a maximum of $350 per year. Your Primary Care Provider or NHP treating Provider must arrange for coverage by certifying that the scalp hair prosthesis is Medically Necessary.

Section 9.

Exclusions

Acupuncture

No benefits are provided for acupuncture.

Benefits from Other Sources

No benefits are provided for health care services and supplies to treat an illness or injury for which you have the right to benefits under government programs. These include the Veterans Administration for an illness or injury connected to military service. They also include programs set up by other local, state, federal or foreign laws or regulations that provide or pay for health care services and supplies or that require care or treatment to be furnished in a public facility.

No benefits are provided if you could have received governmental benefits by applying for them on time. No benefits are provided for services which payment is required to be paid by a Workers' Compensation plan or an employer under state or federal law.

Biofeedback

No benefits are provided for biofeedback.

Chiropractic Care

No benefits are provided for chiropractic care.

Cosmetic Services and Procedures

No benefits are provided for cosmetic surgery *unless* required to restore bodily function or correct a functional physical impairment following an accidental injury, prior surgical procedure, or congenital/ birth defect. No benefits are provided for services performed solely for the purpose of making you look better, whether or not these services are meant to make you feel better about yourself or treat a mental condition (for example, surgery to treat acne lesions or remove tattoos or medications for cosmetic purposes to treat hair loss or wrinkles or procedures to whiten teeth).

Custodial Care

No benefits are provided for custodial or rest care. This is care that is furnished mainly to help a person in the activities of daily living, and does not require day-to-day attention by medically trained persons.

Educational Testing and Evaluations

No benefits are provided for educational services or testing, except such services covered under the Outpatient/Mental Health and Substance Use benefit. No benefits are provided for educational services whose intent is solely to enhance educational achievement (e.g. subject achievement testing) or to resolve problems regarding school performance.

Exams Required by a Third Party

No benefits are provided for physical, psychiatric and psychological examinations or testing required by a third party, including but not limited to employment, insurance, licensing, and court-ordered or school ordered exams and drug testing that are not Medically Necessary or are considered evaluations for work related performance.

Experimental Services and Procedures

The benefits described in this *Member Handbook* are provided only when Covered Health Care Services are furnished in accordance with NHP's medical technology assessment guidelines. No benefits are provided for health care charges that are received for or related to care that NHP considers being experimental services or procedures. The fact that a treatment is offered as a last resort does not mean that benefits will be provided for it. NHP considers all requests for experimental services on an individual basis.

Eyewear/Laser Eyesight Correction

No benefits are provided for eye surgery to treat conditions which can be corrected by means other than surgery. An example of eye surgery that is excluded is laser surgery for conditions such as nearsighted vision. NHP does not provide benefits for contact lenses unless Medically Necessary for certain eye conditions, such as use for post-cataract surgery and the treatment of keratoconus.

Foot Care

No benefits are provided for preventive foot care services such as trimming of corns, trimming of nails, and other hygienic care except when your care is Medically Necessary due to systemic circulatory diseases (such as diabetes).

Gender Re-assignment Surgery

No benefits are provided for transsexual surgery and all related drugs and procedures.

Health Club Membership

No benefits are provided for any fees related to joining or the use of health clubs, gyms, sports clubs or related physical fitness facilities, unless a specific discount or reimbursement for such memberships is identified as part of your benefit plan.

Hearing Aids

No benefits are provided for hearing aids or exams to prescribe, fit or change them.

Infertility Treatment

NHP does not provide coverage for the diagnosis or treatment of infertility, including, but not limited to: artificial insemination; in-vitro fertilization; intra-fallopian transfers; sperm, egg and inseminated egg procurement and placement; banking of sperm or inseminated eggs; surrogacy; or reversal of voluntary sterilization.

Massage Therapy

No benefits are provided for massage therapy.

Non-covered Providers

No benefits are provided for any service provided, arranged, or approved by a Provider other than the Member's Primary Care Provider or NHP Treating Provider. Also, no coverage is provided for medications or supplies prescribed by Providers not authorized by NHP, except as covered outside the NHP Service Area.

Orthodontics

No benefits are provided for the prevention or correction of abnormally positioned or aligned teeth.

Other Non-covered Services

No benefits are provided for any service or supply that is not a described as a Covered Benefit in this *Member Handbook* including:

- Any service or supply that is not Medically Necessary
- A Provider's charge for shipping and handling or taxes
- Medications, devices, treatments and procedures that have not been demonstrated to be medically effective
- Preventive Care, including routine prenatal care, when the Member is traveling outside the NHP Service Area
- Services for which there would be no charge in the absence of insurance
- Special equipment needed for sports or job purposes

Personal Comfort and Convenience Items

No benefits are provided for personal comfort or convenience items or services that are furnished for your personal care or for the convenience of your family.

The following items are generally deemed convenience items:

- Air conditioners
- Air purifiers
- Chair lifts
- Dehumidifiers
- Elevators
- "Spare" or "back-up" equipment
- Bath/bathing equipment such as aqua massagers and turbo jets
- Whirlpool equipment generally used for soothing or comfort measures
- Home type bed baths requiring installation
- Hygienic equipment that does not service a primary medical purpose
- Non-medical equipment otherwise available to the member that does not serve a primary medical purpose
- Bed lifters that are not primarily medical in nature
- Beds and mattresses and non-hospital type adjustable beds
- Hospital beds in full, queen, and king sizes
- Cushions, pads and pillows except those described as covered
- Pulse tachometers
- Telephones, radios and televisions

Reversal of Voluntary Sterilization

No benefits are provided for the reversal of voluntary sterilization.

Self-monitoring Devices

No benefits are provided for self-monitoring devices except for:

- Blood glucose monitoring devises used by members with insulin-dependent, insulin-using, gestational or non-insulin dependent diabetes
- Certain devices that NHP decides would give a member,
  having particular symptoms, the ability to detect or stop the onset of a sudden life-threatening condition
- Peak flow meters used in the monitoring of asthma control

Section 10.

Quality Assurance Programs

NHP's Quality Assurance program oversees the quality of clinical services throughout NHP.

NHP's utilization review program looks at the clinical care Members receive and determines if the services were Medically Necessary. Through care management, the program helps high-risk Members get the proper care and treatment program they need. NHP also provides care management and hospital discharge planning services to make sure patients receive needed services after hospitalization.

Clinical Guidelines

NHP's clinical guidelines are used to provide guidance to health care Providers to deliver quality preventative care and management of chronic conditions. The guidelines are developed with physicians in NHP's Network and by national accreditation organizations. NHP guidelines are used in a way that takes into account the Member's health care needs. NHP guidelines are reviewed every other year (or more often as new drugs, treatments, and technologies are created and become generally accepted medical practice).

Experimental Therapies, Medical Devices, Treatments in Clinical Trials

NHP wants to make sure our Members have access to safe and effective medical care. With the rapid development of medical technology and drugs, NHP reviews new technology on a case-by-case basis, as well as on a benefit level. Decisions to approve the use of a new technology are based on the highest benefit and lowest risk to the Member.

NHP's review of new technologies includes:

- A review of regulatory agency approval (such as Food and Drug Administration)
- The existence of national or regional clinical practice recommendations from well known sources (for example, the National Cancer Institute)
- Published scientific reviews
- Consideration of the recommendations/ opinions by professionals with knowledge in the field under review

If you would like to learn more about NHP's quality assurance and utilization review programs, call the NHP Customer Service Center at 1-800-462-5449 or TTY 1-800-655-1761.

Section 11.

When You Have Other Coverage

Coordination of Benefits

NHP works to coordinate coverage and payment for health care services. NHP's Coordination of Benefits process matches commercial records with other insurers and responsible parties. This process is used to identify Members who are covered by another insurer. Examples of other insurers include, but are not limited to:

- Motor vehicle insurance
- Homeowner's insurance

Subrogation

Subrogation is the process by which NHP recovers some or all of the costs of a Member's health care from another source when appropriate. Examples include but are not limited to:

- The Member's motor vehicle or homeowner's insurance
- The motor vehicle or homeowner's insurance of an individual who caused the Member's illness or injury
- Worker's Compensation

If an insurer other than NHP is or may be liable to pay for services related to an illness or injury, NHP has the right to ask that insurer to pay for reimbursement of any health care costs.

NHP's Right of Reimbursement

If a Member recovers money as a result of a lawsuit or settlement relating to an illness or injury, NHP can demand the Member to repay the cost of health care services and supplies that NHP paid. NHP cannot demand repayment beyond the total amount of the Member's recovery.

As a Member of NHP, you agree to:

- Notify NHP of any events which may affect NHP's rights of Subrogation or Reimbursement
- Cooperate with NHP when NHP asks for information and assistance with Coordination of Benefits, Subrogation or Reimbursement
- Sign documents to help NHP with its rights to Subrogation and Reimbursement
- Authorize NHP to investigate, request and release information which is necessary to carry out Coordination of Benefits, Subrogation, and Reimbursement to the extent allowed by law

Section 12.

Member Rights and Responsibilities

Your Rights as a Neighborhood Health Plan (NHP) Member

As a valued Member of NHP, you have the right to:

- Receive information about NHP, our services, our providers and practitioners, your covered benefits, and your rights and responsibilities as a Member of NHP.
- •Receive documents in alternative formats and/or oral interpretation services free of charge for any materials in any language.
- Have your questions and concerns answered completely and courteously.
- Be treated with respect and with consideration for your dignity.
- Have privacy during treatment and expect confidentiality of all records and communications.
- Discuss and receive information regarding your treatment options, regardless of cost or benefit coverage with your Provider in a way which is understood by you.
- Be included in all decisions about your health care, including the right to refuse treatment.
- Change your Primary Care Provider.
- Access Emergency care 24 hours/day, 7 days a week.
- Access an easy process to voice your concerns, and expect follow-up by NHP.
- File a Complaint or Appeal if you have had an unsatisfactory experience with NHP or with any of our contracted Providers or if you disagree with certain decisions made by NHP.
- Make recommendations regarding NHP's Member rights and responsibilities.
- Create and apply an Advance Directive, such as a will or health care proxy, if you are over 18 years of age.
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation.
- Freely apply your rights without negatively affecting the way NHP and/or your Provider treats you.
- Ask for and receive a copy of your medical record and request that it be changed or corrected, as explained in the Notice of Privacy Practices.
- Receive the Covered Health Care Services you are eligible for as outlined in the *Handbook*.

Your Responsibilities as an NHP Member

- Choose a Primary Care Provider, the Provider responsible for your care.
- Call your Primary Care Provider when you need health care.
- Tell any health care Provider that you are an NHP Member.
- Give complete and accurate health information that NHP or your Provider needs in order to provide care.
- Understand the role of your Primary Care Provider in providing your care and arranging other medical services that you may need.
- To the degree possible, understand your health problems and take part in making decisions about your health care and in developing treatment goals with your Provider.
- Follow the plans and instructions agreed to by you and your Provider.
- Understand your benefits—what's covered and what's not covered.
- Call your Primary Care Provider within forty-eight (48) hours of any Emergency or out-of-area treatment. If you experienced a Behavioral Health (mental health and substance use) Emergency you should contact your

- Behavioral Health Provider, if you have one
- Notify NHP and your employer of any changes in personal information such as address, telephone, marriage, additions to the family, eligibility of other health insurance coverage, etc.

Reporting Health Care Fraud

If you know of anyone trying to commit health care fraud, please call our confidential Compliance Helpline at 1-800-826-6762. You do not need to identify yourself. Examples of health care fraud include:

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

Section 13.

Communicating with NHP

Your Satisfaction Is Important to Us

NHP wants you to get the most from your NHP membership. Call us if you:

- Have any questions about your NHP benefits
- Need help choosing a Primary Care Provider
- Receive a bill from a Provider, Primary Care Site, or hospital
- Lose your NHP Member Card
- Want to file a Grievance or make a Complaint

In addition, please be sure to let NHP's Customer Service Center know if you:

- Move
- Get a new telephone number
- Have a new addition to your family

If You Receive a Bill in the Mail or If You Paid for a Covered Service

NHP Providers should not bill you for any service included in the description of Covered Health Care Services. But, if you receive a bill from a Provider, send a copy of the bill to: NHP Customer Service Center, 253 Summer Street, Boston, MA 02210. If you paid an NHP Provider for any service included on the Covered Health Care Services list you should contact NHP's Customer Service Center and NHP will arrange to have you reimbursed by the Provider.

If you need Emergency or Urgent Care while traveling abroad or out-of-state, NHP will pay the Provider directly. Ask the Provider to contact NHP to discuss payment if the Provider asks you for money. If you do pay for Emergency or Urgent Care while traveling abroad or out-of-state, NHP will reimburse you. Please send a copy of the bill and proper receipts indicating payment to NHP at:

Neighborhood Health Plan
Attn: Customer Service Center
253 Summer Street
Boston, MA 02210-1120

Be sure to include the following information:

- Member's full name
- Member's date of birth
- Member's NHP Member identification number
- Date the health care service was provided
- A brief description of the illness or injury
- For pharmacy items, you must include a dated drug store receipt stating the name of the drug or medical supply, the prescription number, and the amount paid for the item

Limits on Claims

NHP will pay or reimburse you only for services that are Emergency or Urgent Care benefits. You must send any bills or receipts to NHP within twelve (12) months of the Date of Service. NHP is not required to pay bills or reimburse you for Claims received later than twelve (12) months after the Date of Service. NHP will pay or reimburse you only for services that are Covered Health Care Services and that are obtained in accordance with NHP policies.

Section 14.

Complaint and Grievance Process

NHP tries to meet and go beyond what our Members expect of us. If an NHP experience did not meet with your expectations, we want to know about it so we can understand your needs and provide better service.

Complaints

Members have the right to voice concerns and file Complaints. If you file a Complaint, NHP staff will be courteous and professional, and all information about the Complaint will be kept confidential. Filing a Complaint will not affect your NHP coverage in a negative way.

To file a Complaint or to call or write to:

NHP Customer Service Center
253 Summer Street
Boston, MA 02210

1-800-462-5449 (TTY 1-800-655-1761)
Monday–Friday, 8:00 a.m.–6:00 p.m.
Thursday, 8:00 a.m.–8:00 p.m.

How the Complaint Process Works

A Customer Care Representative will ask for information about the Complaint, and, if possible, solve the problem over the telephone at the time of your call. If the Customer Care Representative cannot resolve the situation to your satisfaction at the time of your call, we will make every effort to resolve your Complaint within three (3) business days (called the Internal Inquiry Period). If we are unable to satisfactorily resolve your Complaint within three (3) business days, we will, at your request, continue to investigate and resolve the matter through our internal Grievance process.

Grievances

If you are not satisfied with the way NHP responded to your Complaint or with any decision made by NHP about your health care or service, you have the right to file a Grievance. A Grievance is a request that NHP reconsider a decision or investigate a Complaint regarding the quality of care or services that you have received or any aspect of NHP's administrative operations.

If your Grievance is about a decision NHP has made to deny coverage of health care or services, you must file your Grievance within 180 calendar days of your being notified of the decision. Filing a Grievance will not affect your NHP coverage in a negative way.

The time period for NHP to resolve your Grievance will begin either on the day after the Internal Inquiry Period, or at any time during the Internal Inquiry Period if you notify NHP that you are not satisfied with the response thus far to your Inquiry. Time limits may only be waived or extended by mutual written agreement between you or an Authorized Representative and NHP. Any such agreement shall state the additional time limits, which shall not exceed fifteen (15) business days from the date of the agreement.

You may designate an Authorized Representative (a friend, relative, health care Provider, etc.) to act as your representative during the Grievance process. The Authorized Representative has the same rights and responsibilities as the Member.

Frequently Asked Questions about the Grievance Process

How do I file a Grievance?

You may file a Grievance by telephone, in person, by mail or by fax. NHP will send you a written acknowledgement of receipt of your Grievance within one (1) business day. If you telephone us or stop by in person, your Grievance will be transcribed by NHP and a

copy forwarded to you or your authorized representative within twenty-four (24) hours (except where this time limit is waived or extended by mutual written agreement between you or your authorized representative and NHP). We request that you read, sign and return to NHP this written transcription of your oral Complaint. This helps to ensure that we fully understand the nature of your complaint. You may contact NHP in writing or by phone to initiate the Grievance process:

You may write:

Neighborhood Health Plan
Attn: Customer Service Center
253 Summer Street
Boston, MA 02210-1120
Fax 617-526-1985

Or call:

NHP Customer Service Center
1-800-462-5449 (TTY 1-800-655-1761)
Monday–Friday, 8:00 a.m.–6:00 p.m.
Thursday, 8:00 a.m.–8:00 p.m.

What if my Grievance is about my health care or services?

If your Grievance pertains to a decision NHP has made about your health care or services, you or your Authorized Representative will be asked to sign and return a release of medical information to NHP. After receipt of all necessary releases, your medical information will be requested by NHP. You or your Authorized Representative will have access to any medical information and records relevant to the Grievance which are in the possession of NHP.

If you (or your Authorized Representative) do not provide the signed authorization for release of medical information within thirty (30) calendar days of the receipt of the Grievance, NHP, or its Utilization Review Organization, may issue a resolution of the Grievance without review of some or all of the medical records. In cases regarding behavioral health or substance use services, NHP has delegated the Grievance management to Beacon Health Strategies. If preferred, Members may always bring their Grievance to NHP.

What if resolution of my Grievance does not require review of my medical records?

If resolution of your Grievance does not require review of your medical records, the Grievance resolution process will begin on the day immediately after the Internal Inquiry Period or sooner if you notify NHP that you are not satisfied with NHP's response during the Internal Inquiry Period.

Who will review my Grievance?

Grievances are reviewed by an individual or individuals who are knowledgeable about the matters at issue in the Grievance. Grievances of Adverse Determinations will be reviewed by an individual or individuals that did not participate in any of the prior decisions regarding the matter of the Grievance. These individuals are actively practicing health care professionals in the same or similar specialty who typically treat the medical condition, perform the procedure, or provide the same treatment that is the subject of the Grievance.

How will the decision on my Grievance be explained?

When NHP sends you a written decision on your Grievance, we will include complete identification of the specific information considered and an explanation of the basis for the decision. In the case of a Grievance that involves an Adverse Determination, the written resolution will include a substantive clinical justification that is consistent with generally accepted principles of professional medical practice, and will, at a minimum:

- Identify the specific information upon which the Adverse Determination was based
- Discuss the presenting symptoms or condition, diagnosis and treatment interventions, and the specific reasons such medical evidence fails to meet the relevant medical review criteria
- Specify alternative treatment options covered by NHP, if any
- Reference and include applicable clinical practice guidelines and review criteria

- Notify you (or your Authorized Representative) of the procedures for requesting external review

When will I hear from NHP about my Grievance?

NHP will contact you in writing within thirty (30) calendar days with the outcome of your Grievance review, unless you and NHP agreed to an extension. If NHP does not act upon your Grievance within thirty (30) calendar days or the agreed upon extended time frame, the Grievance will be decided in your favor. Any extension deemed necessary to complete the review of your Grievance must be authorized by mutual written agreement between you or your Authorized Representative and NHP.

Continuation of Services During the Grievance Process

If the subject matter of the Grievance involves the termination of ongoing services, the disputed coverage or treatment will remain in effect without liability to you until you or the your Authorized Representative have been informed of NHP's decision. This continuation of coverage or treatment applies only to those services which, at the time of their initiation, were approved by NHP and which were not terminated pursuant to an exhaustion of your benefit coverage.

Reconsideration

NHP may offer you (or your Authorized Representative) the opportunity for reconsideration of a Final Adverse Determination where relevant medical information was:

- Received too late to review within the thirty (30) calendar-day time limit, or
- Not received, but is expected to become available within a reasonable time period following the written resolution

If you choose to request reconsideration, NHP or its Utilization Review organization must agree in writing to a new time period for review, but in no event greater than thirty (30) calendar days from the agreement to reconsider the Grievance. The time period for requesting external review begins the date of resolution of the reconsidered Grievance.

Expedited Grievance Review for Special Circumstances

If you or your doctor believe your health, life, or ability to regain maximum functioning may be put at risk by waiting thirty (30) calendar days, you or your doctor can request an expedited Grievance review.

All requests for an expedited Grievance review, in which a treating physician certifies that the request is medically necessary, that a denial of coverage would create substantial risk or serious harm, and that the risk of such harm is so immediate that services should not await the outcome of a standard appeal, will be granted. Such expedited appeals will be reviewed and resolved within 48 hours of the request, or in the case of Durable Medical Equipment, in which the physician has described the immediate and severe harm that will result to the Member if such equipment is not provided within 48 hours, within the reasonable time period specified by the treating physician.

Expedited Grievance Review for Persons Who are Hospitalized

A Grievance made while a Member is hospitalized will be resolved as expeditiously as possible, given the medical and safety needs of the Member. A written resolution will be provided before the Member's discharge from the hospital. During a Member's hospitalization, and only during hospitalization, a health care professional or a representative of the hospital may act as the Member's Authorized Representative without written authorization by the Member.

Expedited Grievance Review for Persons with Terminal Illness

When a Grievance is submitted by an insured with a terminal illness, or by the insured's Authorized Representative on behalf of said insured, resolution will be provided to the insured or said Authorized Representative within five (5) business days from the receipt of the Grievance. If the Expedited Review process affirms the denial of coverage or treatment to an insured with a terminal illness, NHP will provide the insured or the insured's Authorized Representative, within five (5) business days of the decision:

- A statement, setting forth the specific medical and scientific reasons for denying coverage or treatment
- A description of alternative treatment, services or supplies covered or provided by NHP, if any

In addition, if the Expedited Review process affirms the denial of coverage or treatment to an insured with a terminal illness, NHP will allow the insured, or the insured's Authorized Representative, to request a conference. The conference will be scheduled within ten (10) days of receiving a request from an insured; provided however that the conference shall be held within five (5) business days of the request if the treating physician determines, after consultation with NHP's medical director or his designee, and based on standard medical practice, that the effectiveness of either the proposed treatment, services or supplies or any alternative treatment, services or supplies covered by NHP, would be materially reduced if not provided at the earliest possible date.

At the conference, NHP will permit attendance of the insured, the Authorized Representatives of the insured, or both. A representative of NHP, who has authority to determine the disposition of the Grievance, shall review the information provided to the insured.

Independent External Review

If you are not satisfied with the final outcome of the Grievance review you receive, you have the right to apply for an independent external review with the Massachusetts Health Policy Commission's Office of Patient Protection. The Office of Patient Protection provides an independent review of grievances not resolved at the health plan (NHP) level to your satisfaction. The External Review Organization will review the grievance to determine if the service or treatment in question is Medically Necessary and a Covered Benefit. The decisions of the External Review Organization are final and binding.

You, or your authorized representative, are responsible to activate the External Review Process. To activate the review:

- Complete and submit the required application to the Health Policy Commission within four (4) months of the receipt of NHP's Final Grievance decision.
- Submit applicable filing fees ($25.00) to the Health Policy Commission. (The Office of Patient Protection may waive the fee in cases of extreme financial hardship).

For non-expedited reviews, a final decision will be issued within sixty (60) calendar days from the receipt of the appeal at the Office of Patient Protection. For expedited reviews, a final decision will be issued within four (4) business days from the receipt of the appeal at the Office of Patient Protection.

The Office of Patient Protection shall screen all requests for external reviews to determine if they:

- Comply with the requirements of 105 CMR 128.404
- Do not involve a service or benefit that has been explicitly excluded from coverage by NHP in the *Member Handbook* or *Summary of Benefits and Coverage*

- Result from NHP's issuance of a final decision of a grievance, provided that NHP did not fail to comply with the time frame for resolving the grievance, or
- Result from NHP's issuance of a final decision of a grievance if the Member or his or her authorized representative is requesting an expedited external appeal at the same time that he or she is requesting an appeal.

If the external review agency overturns NHP's decision in whole or in part, NHP shall issue a written notice to the Member within five (5) business days of receipt of the written decision from the Office of Patient Protection. Such notice shall:

- Acknowledge the decision of the Office of Patient Protection.
- Advise the Member of any additional procedures for obtaining the requested coverage or services.
- Advise the Member of the date by which the payment will be made or the authorization for services will be issued by NHP.
- Advise the Member of the name and phone number of the person at NHP who will assist the Member with final resolution of the grievance.

You may contact the Office of Patient Protection at any time by calling 1-800-436-7757, by fax at 617-624-5046, or online at www.state.ma.us/dph/opp.

For information about NHP, contact the Office of Patient Protection (OPP) at any time by phone at 1-800-436-7757, by fax at 1-617-624-5046, or online at www.mass.gov/hpc/opp.

Expedited External Review and Continuation of Coverage

You or your authorized representative may request to have your request for review processed as an expedited external review. You have the right to apply for independent expedited external review at the same time a request for an internal expedited review is requested.

Any request for an expedited external review must contain a certification, in writing, from your physician, that delay in the providing or continuation of health care services that are the subject of a Final Adverse Determination would pose a serious and immediate threat to your health. If the subject matter of the external review involves the termination of ongoing services, you may apply to the external review panel to seek continuation of coverage for the terminated service during the period the review is pending.

Any such request must be made by the end of the second business day following receipt of the Final Adverse Determination. The review panel may order the continuation of coverage or treatment where it determines that substantial harm to your health may result in the absence of such continuation or for such other good cause, as the review panel shall determine. Any such continuation of coverage will be at NHP's expense regardless of the final external review determination.

For more information about your Grievance rights as a resident of the Commonwealth of Massachusetts, contact the Massachusetts Office of Patient Protection. You can contact the Office of Patient Protection (OPP) at any time by telephone at 1-800-436-7757, by fax at 617-624-5046, or online at www.state.ma.us/dph/opp.

The following information is also available to you from the OPP:

- A list of sources of independently published information assessing insureds' satisfaction and evaluating the quality of Covered Health Care Services offered by NHP
- The percentage of physicians who voluntarily and involuntarily terminated participation contracts with NHP during the previous calendar year for which such data has been compiled and the three most common reasons for voluntary and involuntary physician disenrollment

- The percentage of premium revenue expended by NHP for health care services provided to Insureds for the most recent year for which information is available
- A report detailing, for the previous calendar year, the total number of filed grievances, grievances that were approved internally, grievances that were denied internally, and grievances that were withdrawn before resolution; and, external Grievances pursued after exhausting the internal Grievance process and the resolution of all such external Grievances

Important Notice

All information in this Evidence of Coverage pertaining to Complaints and grievances applies to all medical care, treatment or services except as noted above, as well as all mental health care, treatment, or services.

Section 15.

Utilization Management and Quality Assurance

Utilization Management

The mission of the Utilization Review program at NHP is to ensure the provision of the highest quality of health care to its Members. This is accomplished through a multidisciplinary team approach to advocate for optimum standards of patient health, education, and safety. Our commitment to providing quality care is consistently integrated with our goal to promote appropriate resource utilization. The Utilization Review program promotes the continuity of patient care through the facilitation and coordination of patient services to ensure a smooth transition for Members as they obtain the appropriate level and intensity of services, across the continuum of health care. The Utilization Review program continually evaluates the needs of NHP's Members and promotes enhancements and improvements to the program as well as to the care delivery system.

Adverse Determinations

Decisions made by NHP or a designated utilization review organization to deny, reduce, modify, or terminate an admission, continued Inpatient stay, or the availability of any other services, for failure to meet the requirements for coverage based on Medical Necessity, appropriateness of health care setting and level of care or effectiveness are considered Adverse Determinations. Written notification of Adverse Determinations will include a substantive clinical justification that is consistent with generally accepted principles of professional medical practice, and will, at a minimum:

- Identify the specific information upon which the adverse determination was based.
- Discuss the presenting symptoms or condition, diagnosis and treatment interventions, and the specific reasons such medical evidence fails to meet the relevant medical review criteria.
- Specify alternative treatment options covered by NHP, if any.
- Reference and include applicable clinical practice guidelines and review criteria.
- Notify you (or your authorized representative) of our internal grievance process and the procedures for requesting external review.

NHP engages in prospective review, concurrent review with discharge planning and case management of Health Care Services as part of its Utilization Review Program.

Initial Determination (Prospective Review)

Decisions are made within two (2) working days of obtaining all necessary information, including any necessary evaluations and/or second opinions. Providers are notified of the decision within twenty-four (24) hours. Both providers and members are sent written notification of prospective approvals within two (2) working days of the initial notification and within one (1) working day for prospective denials.

Concurrent Review

Decisions are made within one (1) working day of obtaining all necessary information, including any necessary evaluations and/or second opinions. Providers are notified of the decision within twenty-four (24) hours. Both providers and members are sent written notification (including number of extended days/visits, next review date, total number of days/visits approved, and date of service initiation) of concurrent approvals and denials within one (1) working day of the initial notification.
Services subject to concurrent review are continued without liability to the member until the member has been notified of the decision.

Reconsideration

NHP offers a treating provider an opportunity to seek reconsideration of an Adverse Determination from a clinical peer reviewer in any case involving a prospective or concurrent review. The treating provider is informed of this opportunity within the written denial letter. The reconsideration process will occur within one working day of the provider's request and will be conducted between the Provider and an NHP clinical peer reviewer. If the reconsideration process does not reverse the Adverse Determination, the Member or provider, on behalf of the member, may pursue NHP's grievance process. The reconsideration process is not a prerequisite to NHP's grievance process or an expedited appeal. Members can call NHP's Customer Service Center at 1-800-462-5449 (TTY 800-655-1761) to determine the status or outcome of Utilization Review decisions.

Case Management

Case Management is for timely coordination of quality Health Care Services to meet an individual's specific health care needs while facilitating care across agencies and organizations (home health, skilled nursing, hospitals are examples) and creating cost effective alternatives for catastrophic, chronically ill or injured Members on a case by case basis. Examples of circumstances where case management may be beneficial include organ transplantation, asthma, diabetes or major traumatic injury such as burns. In cases regarding behavioral health or substance use services, NHP has delegated Utilization Review to Beacon Health Strategies; Pharmacy to MedMetrics Health Partners, Inc.; and Harvard Vanguard Medical Associates for all HVMA Members.

Quality Assurance Program

NHP is committed to improving the health of its Members by providing the highest quality health care through the design, implementation and continuous improvement of the most appropriate and effective delivery systems. The scope of NHP's Quality Assurance Program includes:

- Member satisfaction
- Access to care and services
- Continuity of care
- Provider credentialing
- Preventive health services
- Patient safety
- Health care outcomes

If you have a concern about the quality of care you have received by an NHP Network Provider or the Service provided by NHP, please contact the NHP Quality Services Department at 1-800-433-5556.

Development of Clinical Guidelines and Utilization Review Criteria

Clinical guidelines and Utilization Review criteria at NHP are developed with input from practicing physicians in NHP's Network and in accordance with standards adopted by national accreditation organizations. NHP guidelines are evidence-based, wherever possible, and are applied in a manner that considers the individual's health care needs.

NHP guidelines are reviewed biennially or more often as new drugs, treatments, and technologies are adopted as generally accepted medical practice.

Evaluation of New Technology

NHP strives to ensure that our Members have access to safe and effective medical care. With the rapid advancement of technology and pharmaceuticals, NHP has a process to evaluate new technology on a case-by-case basis as well as on a benefit level.

Decisions to approve the use of a new technology are based on the highest benefit and lowest risk to the Member.

NHP reviews and evaluates new and emerging technologies, including diagnostics, surgical procedures, medical therapies, equipment and pharmaceuticals to determine their safety and effectiveness. NHP uses information gathered from varied sources

including peer reviewed scientific literature, policy statements from professional medical organizations, national consensus guidelines, FDA reviews, and internal and external expert consultants in its evaluation efforts. Also, NHP may analyze market trends and legal and ethical issues in its evaluations as appropriate. Technologies are selected for review based on actual or potential demand.

The Chief Medical Officer or Medical Director is responsible for making medical necessity decisions on urgent requests for new technologies that have not been evaluated and approved through NHP's technology assessment process. In making this decision, the Chief Medical Officer or Medical Director reviews any available literature and consults with internal and external expert consultants as needed.

New technologies are incorporated into the NHP benefit structure based upon the strength of the safety and efficacy evidence, market analysis and the relevance to the NHP membership.

Access and Utilization

NHP is accessible to members seeking information about the utilization management (UM) process and authorization requests and decisions from 8:30 a.m.–5:30 p.m. Monday–Friday. You may call 800-462-5449 (TTY 800-655-1761) or fax to 617-772-5512. For after-hours utilization management issues, you may leave a message or fax; these lines are available 24/7. All requests and messages left after hours will be retrieved the next business day.

NHP recognizes that underutilization of medically appropriate services has the potential to adversely affect our members' health and wellness. For this reason, NHP promotes appropriate utilization of services. NHP's utilization management decisions are based only on appropriateness of care and service and existence of coverage. NHP does not specifically reward practitioners or other individuals conducting utilization review for issuing denials of coverage or service, nor does NHP provide financial incentives to UM decision-makers to encourage decisions that result in underutilization.

Section 16.

Your Confidentiality and Privacy of Information

Confidentiality

NHP takes seriously our obligation to protect your personal and health information. To help in maintaining your privacy, we have instituted the following practices:

- NHP employees do not discuss your personal information in public areas such as the cafeteria, on elevators or when outside of the office.
- Electronic information is kept secure through the use of passwords, automatic screen savers and limiting access to only those employees with a "need to know."
- Written information is kept secure by storing it in locked file cabinets, enforcing "clean-desk" practices and using secured shredding bins for its destruction.
- All employees, as part of their initial orientation, receive training on our confidentiality and privacy practices. In addition, as part of every employee's annual performance appraisal, they are required to sign a statement affirming that they have reviewed and agree to abide by NHP's confidentiality policy.
- All providers and other entities with whom we need to share information are required to sign agreements in which they agree to maintain confidentiality.
- NHP only collects information about you that we need to have in order to provide you with the services you have agreed to receive by enrolling in NHP or as otherwise required by law.

In accordance with state law, NHP takes special precautions to protect any information concerning mental health or substance use, HIV status, sexually transmitted diseases, pregnancy or termination of pregnancy.

Notice of Privacy Practices

This section describes how health information about you may be used and disclosed, and how you can get access to this information. Please review it carefully. NHP provides health insurance coverage to you. Because you get health benefits from NHP, we have personal health information (PHI) about you. By law, NHP must protect the privacy of your health information. This section explains:

- When NHP may use and share your health information
- What your rights are regarding your health information

NHP may use or share your health information:

- When the U.S. Department of Health and Human Services needs it to make sure your privacy is protected
- When required by law or a law enforcement agency
- For payment activities, such as checking if you are eligible for health benefits, and paying your health care Providers for services you get
- To operate programs, such as evaluating the quality of health care services you get, and performing studies to reduce health care costs
- With your health care Providers to coordinate your treatment and the services you get
- With health-oversight agencies, such as the Federal Centers for Medicare and Medicaid Services, for oversight activities authorized by law, including fraud and abuse investigations
- For research projects that meet privacy requirements, and to help us evaluate or improve NHP programs
- With government agencies that give you benefits or services
- To prevent or respond to an immediate and serious health or safety emergency

- To remind you of appointments, benefits, treatment options or other health-related choices you have

When state privacy law is stricter than Federal privacy law, NHP will follow the stricter law. For example, Massachusetts state law requires NHP to get your written permission before sharing sensitive information such as HIV/AIDS or drug abuse.

Except as described above, NHP cannot use or share your health information with anyone without your written permission. You may cancel your permission at any time, as long as you tell us in writing. *We can not take back any health information we used or shared when we had your permission.*

You have the right to:

- See and get a copy of your health information that is contained in a "designated record set." You must ask for this in writing. To the extent your information is held in an electronic health record, you may be able to receive the information in electronic form. In some cases, we may deny your request to see and get a copy of your health information NHP may charge you to cover certain costs, such as copying and postage.
- Ask NHP to change your health information that is in a "designated record set" if you think it is wrong or incomplete. You must tell us in writing which health information you want us to change, and why. If we deny your request, you may file a statement of disagreement with us that will be included in any future disclosures of the disputed information.
- Ask NHP to limit its use or sharing of your health information. You must ask for this in writing. NHP may not be able to grant this request.
- Ask NHP to get in touch with you in some other way, if by contacting you at the address or telephone number we have on file, you believe you would be harmed.
- Get a list of when and with whom NHP has shared your health information. You must ask for this in writing.
- Be notified in the event that we or one of our Business Associates discovers a breach of your unsecured protected health information.
- Get a paper copy of this notice at any time.

These rights may not apply in certain situations. By law, NHP must give you notice explaining that we protect your health information, and that we must follow the terms of this notice. This notice took effect on January 1, 2011, and will remain in effect until we change it. This notice replaces any other information you have previously received from NHP about the privacy of your health information. NHP can change how we use and share your health information.

If NHP does make important changes, we will send you a new notice and post an updated notice on our website. That new notice will apply to all of the health information that NHP has about you. NHP takes your privacy very seriously. If you would like to exercise any of the rights we describe in this notice, or if you feel that NHP has violated your privacy rights, contact NHP's Privacy Officer in writing at the following address:

Neighborhood Health Plan
Privacy Officer
253 Summer Street
Boston, MA 02210-1120

Filing a Complaint or exercising your rights will not affect your benefits. You may also file a Complaint with the U.S. Secretary of Health and Human Services at:

The U.S. Department of
Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201
Telephone: 202-619-0257
Toll Free: 877-696-6775

NHP will not retaliate against you if you file a complaint either with NHP or the U.S. Secretary of Health and Human Services.

For more information, or if you need help understanding this notice, call the NHP Customer Service Center at 1-800-462-5449 or TTY 1-800-655-1761, Monday–Friday, 8 a.m.–6 p.m. (Thursday, 8 a.m.–8 p.m.).

Section 17.

Advance Directives: Planning for Future Health Care

If you become unable to make decisions about your health care, a document called an "Advance Directive" can help. An Advance Directive is a statement, written by you, which tells your health care Provider what to do if you are not able to make decisions about your care. Advance Directives can be in several forms.

Health Care Agents and Proxies

In Massachusetts, if you are at least eighteen (18) years old and of sound mind (can make decisions for yourself) you may choose someone as your Health Care Agent (also called your Health Care Proxy). Your Health Care Agent is a person that can act for you if your health care Provider states in writing that you are unable to make your own health care decisions. You may choose a Health Care Agent by filling out a Health Care Proxy form.

You can get a Health Care Proxy form from the Commonwealth of Massachusetts. Write to the following address and send a self-addressed, stamped envelope:

Commonwealth of Massachusetts
Executive Office of Elder Affairs
1 Ashburton Place, Room 517
Boston, MA 02108

Living Wills

A "living will" is the popular term for a document in which you describe the kinds of medical treatment you would agree to—or not agree to—if you were unable to make or communicate those choices yourself. A living will can help your Health Care Agent, Providers, or a court make decisions about your health care. However, a living will is not "binding" in Massachusetts. This means that your Health Care Agent and Providers are not required to follow the instructions in your living will. If you decide to write a living will, be as clear and specific as you can about your preferences for health care, and be sure that it expresses your wishes accurately and completely. For more information about living wills, please consult with an attorney.

Organ Donation Cards

You can also write down your wishes about organ and tissue donation by filling out an organ donor card. If you want to know more about organ/tissue donation, contact:

Organ Bank
One Gateway Center
Newton, MA 02158-2803
Telephone 1-800-446-6362
1-800-446-NEOB

Section 18.

Glossary

Advance Directive

A written statement that tells a Provider what to do if an illness or accident takes away the Member's ability to make decisions about his or her health care.

Adverse Determination

A determination, based upon a review of information provided, by NHP or its designated utilization review organization, to deny, reduce, modify, or terminate an admission, continued Inpatient stay, or the availability of any other services, for failure to meet the requirements for coverage based on medical necessity, appropriateness of health care setting and level of care or effectiveness.

Authority

See Commonwealth Care Health Insurance Connector.

Authorization

An Authorization is a special approval by NHP for payment of certain services.

Authorized Representative

Any individual that NHP can document has been authorized by the Enrollee in writing to act on the Enrollee's behalf with respect to a Complaint or Grievance.

Beacon Health Strategies

The organization contracted by NHP to work in collaboration with the NHP Behavioral Health Department to administer NHP's Mental Health/Substance Use Program.

Behavioral Health

Mental health and substance use treatment.

Claim

An invoice from a Provider that describes the services that have been provided for a Member.

Commonwealth Care Health Insurance Connector (Connector or Authority)

The entity that oversees the Commonwealth Care Health Insurance Program (Commonwealth Care or CCHIP).

Commonwealth Care Health Insurance Program (Commonwealth Care or CCHIP)

A program run by the Commonwealth Health Insurance Connector Authority (the Connector). This program connects eligible Massachusetts residents with approved health insurance plans and helps them pay for the plans.

Complaint

Any inquiry made by, or on behalf of, an insured to NHP or one of NHP's utilization management designees that is not explained or resolved to the Member's satisfaction within three business days of the inquiry.

Copayment

A fixed amount paid by an Enrollee for applicable services or for prescription medications at the time they are provided.

Coverage Date

The date medical coverage becomes effective for a particular Enrollee.

Covered Benefits/Covered Services

The services and supplies covered by NHP described in this handbook.

Day

A calendar day unless a business day is specified.

Disenrollment

The process by which a Member's NHP coverage ends.

Essential Community Provider

An essential community provider (ECP) is a health care provider that serves high-risk, special needs and underserved individuals.

Effective Date

The date on which an individual becomes a Member of NHP and is eligible for Covered Benefits.

Eligible Individual

An individual contracted by the Connector to be eligible for participation in a health insurance plan under Commonwealth Care in accordance with M.G.L. c. 118H and the Commonwealth Care Regulations.

Emergency

An Emergency is defined as a medical condition, whether physical, behavioral, related to substance use disorder, or mental, manifesting itself by symptoms of sufficient severity, including severe pain, that the absence of prompt medical attention could reasonably be expected by a prudent layperson who possesses an average knowledge of health and medicine, to result in placing the health of the insured or another person in serious jeopardy, serious impairment to body function, or serious dysfunction of any body organ or part. With respect to a pregnant woman who is having contractions, an emergency also includes having an inadequate time to affect a safe transfer to another hospital before delivery or a threat to the safety of the member or her unborn child in the event of transfer to another hospital before delivery.

Enrollee

An Eligible Individual enrolled by the Connector or its designee in a health insurance plan offered by a Contracted MCO (such as NHP), either by choice of the Eligible Individual or assignment by the Connector or its designee.

Enrollment

The process by which NHP registers individuals for membership.

Enrollment Date

The first day, as determined by the Authority, on which NHP is responsible for providing Covered Services to an Enrollee.

Evidence of Coverage

The legal document, made up of this handbook and the *Summary of Benefits and Coverage*, that sets forth the services covered by NHP, the exclusions from coverage, and the conditions of coverage for Members.

Family Planning Services

Services directly related to the prevention of conception. Services include: birth control counseling, education about Family Planning, examination and treatment, laboratory examinations and tests, medically approved methods and procedures, pharmacy supplies and devices, and sterilization, including tubal ligation and vasectomy. (Abortion is not a Family Planning Service.)

Final Adverse Determination

An Adverse Determination made after an Enrollee has exhausted all remedies available through NHP's internal Grievance process.

Grievance

Any oral or written Complaint submitted to NHP that has been initiated by an Enrollee, or the Enrollee's Authorized Representative, concerning any aspect or action of NHP relative to the Enrollee, including, but not limited to, review of Adverse Determinations regarding scope of coverage, denial of services, quality of care and administrative operations.

Health Care Agent

The individual responsible for making health care decisions for a person in the event of that person's incapacitation.

Licensed Mental Health Professional

Includes a licensed physician who specializes in the practice of psychiatry, a licensed psychologist, a licensed independent clinical social worker, a licensed mental health counselor or a licensed nurse mental health clinical specialist.

Inpatient

Services requiring at least one overnight stay in a hospital.

Inquiry

Any communication by or on behalf of an Enrollee to NHP that has not been the subject of an Adverse Determination and that requests redress of an action, omission or policy of NHP.

Managed Care

A system of health care delivery that is provided and coordinated by a Primary Care Provider. The goal is a system that delivers value by providing access to quality, cost-effective health care.

Medically Necessary Services

Medically Necessary or Medical Necessity—health care services that: (1) are consistent with generally accepted principles of professional medical practice as determined by whether: (a) the service is the most appropriate available supply or level of service for the Enrollee in question considering potential benefits and harms to the individual; (b) is known to be effective, based on scientific evidence, professional standards and expert opinion, in improving health outcomes; or (c) for services and interventions not in widespread use, is based on scientific evidence; and (2) are the least intensive and most cost-effective available.

Member

Any individual enrolled in NHP and the Commonwealth Care Health Insurance Program (Commonwealth Care or CCHIP).

Member ID Card

The card that identifies an individual as a Member of NHP. The Member Card includes the Member's identification number, Primary Care Site and information about the Member's coverage. The Member Card must be shown to Providers prior to receipt of services.

Neighborhood Health Plan or NHP

A Massachusetts licensed, not-for-profit Managed Care Organization (MCO) founded in 1986 by the Massachusetts League of Community Health Centers and the Greater Boston Forum for Health Action. NHP's mission is to provide accessible health care delivery systems, which are Member-focused, quality-driven, and culturally responsive to our Members' needs.

NHP Provider

A Provider who, under contract with NHP or a delegated entity, has agreed to provide health care services to insureds with an expectation of receiving payment, other than coinsurance, Copayments or deductibles, directly or indirectly from NHP.

Network

The group of Providers contracted by NHP to provide health care services to Members.

Preventive Care

Care that is not Urgent or Emergency care. An example of Preventive Care is a yearly physical exam.

Primary Care Doctor

A family practitioner or internist, selected by the Member or assigned by NHP to provide and coordinate a Member's health care needs.

Primary Care Provider (PCP)

A Primary Care Doctor or nurse practitioner selected by the Member or assigned by NHP to provide and coordinate a Member's health care needs. Other health care providers, such as a registered nurse, nurse practitioners, physician's assistants or nurse midwives, acting on behalf of and in consultation with a Primary Care Provider, may provide primary care services.

Primary Care Site

The locations where Primary Care Providers provide care to NHP Members. A Primary Care Site may be a health center, an outpatient department of a hospital, a physician group practice, or another setting.

Provider

A health care professional or facility licensed as required by state law. Providers include doctors, hospitals, laboratories, pharmacies, skilled nursing facilities, nurse practitioners, registered nurses, psychiatrists, social workers, licensed mental health counselors, clinical Specialists in psychiatric and mental health nursing, and others. NHP will only cover services of a Provider if those services are Covered Benefits and within the scope of the Provider's license.

Provider Directory

A book containing a list of NHP's affiliated medical facilities and professionals, including Primary Care Providers, Specialists and Behavioral Health Providers.

Rehabilitation Services

Health care services that help a person keep, get back, or improve skills and functioning for daily living that have been lost or impaired because a person was sick, hurt or disabled. These services may include physical and occupational therapy, speech-language pathology, and psychiatric rehabilitation services in a variety of inpatient and/or outpatient settings.

Referral

A recommendation by a Primary Care Provider for a Member to receive care from a different Provider. NHP does not require Referrals for specialist services provided by in-plan NHP Providers.

Service Area

The geographical area within which NHP has developed a Network of Providers to provide adequate access to Covered Services. The NHP Service Area includes most communities in Massachusetts.

Specialist

A Provider who is trained and certified by the state of Massachusetts to provide specialty services. Examples include but are not limited to cardiologists, obstetricians and dermatologists.

Summary of Benefits and Coverage

The *Summary of Benefits and Coverage* is a general description of your NHP coverage. It also lists the Copayment amount, if any, on services your policy covers. The *Summary of Benefits and Coverage* is not the same as the Member Identification Card (see Member Identification Card).

Urgent Care

Urgent Care is medical care required promptly to prevent impairment of health due to symptoms that a prudent lay person would believe are not an Emergency but do require medical attention. Urgent Care does not include Routine Care.

Workers Compensation

Insurance coverage maintained by employers under federal law to cover employees' injuries and illnesses under certain conditions.