

#### Notice to My Care Family Members

Amendment 2 to My Care Family Handbook effective September 1, 2022.

This document represents changes to your My Care Family Member Handbook.

#### Member Handbook Section 7- My Care Family's Pharmacy Benefit

Changes to this section:

Pharmacy Benefit Exclusions page 18 and 19 (Updated below)

- Drugs solely for Cough and Cold for the symptomatic relief of coughs and cold.
- Drugs used to promote male or female fertility
- Drugs used for the treatment of obesity
- Drugs used for the treatment of male or female sexual dysfunction

### Member Handbook Section 10- My Care Family's Health Care for Your Children

Change to this section-page 23

- Preventive and Well Child Care for all Children-
  - "Here are the ages to take a child for full physical exams and screenings:"

Old language: 30 monthsNew language: 36 months

## Member Handbook Section 12- My Care Family's Preventive Care for Adults

Change to this section-page 28

- Old language: Dental Call AllWays Health Partners Customer Service to ask about specific dental coverage available through MassHealth
- New language: Dental-Call AllWays Health Partners Customer Service to ask about specific dental coverage available through MassHealth or go to MassHealth's website for more specific details-<a href="https://www.mass.gov/info-details/learn-about-masshealth-dental-benefits">https://www.mass.gov/info-details/learn-about-masshealth-dental-benefits</a>

## Member Handbook Section 19- My Care Family's Concerns and Inquiries

Addition to this section-page 38

MassHealth's Member Ombudsman Services

Ombudsman Services are available to you, your family, caregivers, representatives and/or your advocates. The Ombudsman works for MassHealth and is a person that can assist you with information, issues, or concerns related to the My Care Family Program. For more information about Ombudsman Services, visit website at: <a href="www.myombudsman.org">www.myombudsman.org</a>; email them at <a href="mailto:info@myombudsman.org">info@myombudsman.org</a>; or call them at (855) 781-9898, videophone (VP) at (339) 224-6831. Hours: Monday–Friday, 9 a.m.–4 p.m.

# Member Handbook Section 21- My Care Family's Appeal Process and Rights for MassHealth Members

Add the following language to Your Rights to the Appeal Process include:

 Page 41 Last bullet – AllWays Health Partners will provide the Enrollee and their Appeal Representative the Enrollee's case file including medical records, and any other documentation and records that have been considered, relied upon, or generated during the Appeals process. This documentation shall be provided free of charge and be available before and during the process.

Questions and Answers about the Appeals Process - Questions and Answers about the Appeals Process - What types of things can I appeal?

- Page 42 First two bullets Replace Beacon with Optum
- Page 46 Add the following question/answer below after this section: Can I continue to receive services during my Appeal with the Office of Medicaid's Board of Hearings?

Will I have to pay any services during my Board of Hearing Appeal?

The Member may be required by EOHHS to pay the cost of services furnished while a Board of Hearing Appeal is pending, if the final decision is adverse, not in favor, of the Member's request.





