

Section 1

Member Information

Member Plans	1-1
Commercial/Qualified Health Plan (QHP)	1-1
Large Group Plans	1-1
Merged Market Plans	1-1
Partners HealthCare Plans	1-1
Massachusetts Health Connector (QHP)	1-1
Member Enrollment	1-2
Enrollment Activities	1-2
Primary Care Assignments	1-2
AllWays Health Partners Customer Service	1-2
The Member Welcome Kit	1-2
The Welcome Call	1-3
Member Eligibility and Identification	1-3
Cost-Sharing	1-3
Member Identification (ID) Cards	1-3
Patient Relations	1-4
Member Rights and Responsibilities	1-4
Assistance with Interpretation/Communication	1-5
Privacy Rights	1-5
Treatment of Minors (Privacy)	1-6
Accessing Emergency Services	1-6
AllWays Health Partners /Optum	1-7
Advance Directives	1-7
Communicating with Patients	1-7
Escalating Protocols	1-7
Disenrolling a Patient from Your Care	1-8

Section 1 Member Information

Member Plans

AllWays Health PartnersSM lines of business include Commercial, Qualified Health Plan (QHP) and My Care Family (see My Care Family provider manual).

New members receive an AllWays Health Partners member identification card, and a welcome kit with information about how to use the plan. AllWays Health Partners also attempts to contact newly enrolled members to welcome them to the plan and provide education about their benefits and perks, and when applicable, the role of the PCP in managing his or her care.

Commercial/Qualified Health Plan (QHP)

AllWays Health Partners commercial plans are available in all segments of the market - the merged market and large group. AllWays Health Partners commercial plans meet minimum creditable coverage guidelines that have been established by the Massachusetts Department of Insurance (DOI) and are compliant with the Affordable Care Act (ACA).

AllWays Health Partners commercial plans are available on a guaranteed issue basis without waiting periods, or exclusion of pre-existing conditions.

HMO members are required to obtain a referral from their PCP for most specialty visits prior to services rendered or any supplies provided. Some exceptions apply. AllWays Health Partners PPO Plus members are not required to have a PCP or obtain referrals for specialty visits. Please see the Prior Authorization, Notification and Referral Guidelines at allwaysprovider.org, and the “Utilization Management” section of this manual for more information on the services subject to referral and prior-authorization. Failure to obtain the required AllWays Health Partners approvals will result in claim denials.

AllWays Health Partners plan names are based on the type of network the plan follows:

Complete: Full access to all providers in AllWays Health Partners network

Choice: Full access to all providers in AllWays Health Partners network at tiered costs for certain services

Large Group Plans

AllWays Health Partners offers a portfolio of HMO and PPO products and plans offering large group employers a range of plan design and cost sharing options.

To be eligible, employer groups must be based within the AllWays Health Partners service area and have greater than 51 eligible full-time equivalent employees.

Merged Market Plans

ACA compliant merged market commercial plans offer quality health care coverage at an affordable price to individuals, families, and small employer groups.

These plans are available to small groups (with 50 or fewer eligible full-time equivalent employees) and non-group (individuals and families) who reside within the AllWays Health Partners service area.

Partners HealthCare Plans

AllWays Health Partners administers health benefits for more than 100,000 Partners HealthCare (PHS) employees and their covered dependents. PHS plans include Partners Plus PPO and Partners Select (EPO).

Massachusetts Health Connector (QHP)

AllWays Health Partners is one of a select number of health insurance plans in Massachusetts that has received the Massachusetts Health Connector’s Seal of Approval to offer a range of product options available through the state Exchange—the Massachusetts Health Connector. When purchasing through the Health Connector, individuals and groups can choose from a selection of AllWays Health Partners product offerings.

In addition to the standard plans offered on the Health Connector, there are several plan types available to qualifying individuals, including:

- Individuals with incomes up to 300% FPL may qualify for a ConnectorCare plan through AllWays Health Partners. These plans are state subsidized and the cost sharing and benefit package are the same, regardless of what insurance carrier the individual selects.
- AllWays Health Partners offers a zero cost-sharing plan for Americans or Alaskan Natives with household incomes below 300% federal poverty level (FPL).

Member Enrollment

Member enrollment and eligibility changes are processed daily and updated eligibility information is available to providers around the clock through our provider portal to facilitate updates to their practice management systems.

Enrollment Activities

Through allwaysprovider.org, primary care sites are notified daily of HMO enrollment activity specific to their practice. This information is provided to assist primary care sites in their own patient outreach efforts.

Currently available information includes:

- *Member Roster* reports listing all active AllWays Health Partners members
- Transaction reports listing member enrollment activities
 - » New members who have chosen the practice as their primary care site
 - » Existing members who have transferred from another primary care site
 - » Member initiated PCP changes
 - » Members terminated by the plan
 - » Members active with AllWays Health Partners but who have elected to get their primary care elsewhere within the AllWays Health Partners network
- *Provider Roster* reports listing all credentialed or enrolled clinicians.

To ensure proper reimbursement, providers are strongly encouraged to monitor enrollment activity regularly and to notify AllWays Health Partners Provider Service of any discrepancies.

- To enroll in the provider portal, please visit allwaysprovider.org and follow the easy registration instructions—or consult with your site's appointed User Administrator.
- For additional assistance with the provider portal, email AllWays Health Partners at prweb@allwayshealth.org.

Primary Care Assignments

All AllWays Health Partners HMO members must select a primary care provider at the time of enrollment. However, family members may choose different

primary care providers. PPO Plus members are not required to select a PCP.

PCPs should make best efforts to contact newly assigned members to provide an overview of the practice (such as hours and available services). PCPs should also assess any medical needs and, when applicable, schedule an initial appointment.

AllWays Health Partners provider portal allows providers to update missing or discrepant PCP assignment information, including members transferring their care to another PCP.

Members can also update their PCP via the member portal.

AllWays Health Partners Customer Service

AllWays Health Partners' highly skilled Customer Service Professionals are available to assist providers and answer questions on eligibility, benefits and policies, or procedures. Customer Service can be contracted as follows:

Providers

Phone 855-444-4647

Mon.–Fri., 8:00 AM–6:00 PM

Members

Phone 866-414-5533 (TTY: 711)

Mon.–Fri. 8 AM–6 PM

Thursday, 8 AM–8 PM

Customer Service Professionals can also process updates to member demographic and other information. Provider requests for updates to a member's PCP information must be submitted through allwaysprovider.org.

For members with limited English skills, our Customer Service Professionals can facilitate a connection with an interpreter in over 200 languages.

The Member Welcome Kit

All new members receive a welcome kit in the mail. Items in this packet include but are not limited to:

- A welcome letter
- Member-specific benefits and coverage information
- Member education materials

The Welcome Call

New members receive a welcome call to provide an introduction to AllWays Health Partners and explain how to access services. When appropriate, this call is conducted in the member’s primary language to ensure their full comprehension.

Topics covered during the welcome call include:

- Confirmation of demographics and language preference
- Explanation of the role of the PCP, when applicable
- Overview of AllWays Health Partners benefits, covered services, discounts and perks
- Overview of AllWays Health Partners’ Care Management programs

Member Eligibility and Identification

All AllWays Health Partners members receive a member identification card. An AllWays Health Partners card itself does not guarantee coverage.

Providers are responsible for verifying eligibility daily, including but not limited to while a member is hospitalized. AllWays Health Partners will only reimburse for covered services rendered to a member eligible on the date of service and when all other authorization and payment requirements are met.

Except in emergencies, a member’s coverage and eligibility should be verified prior to rendering services. The provider portal offers around the clock access to member information and other administrative functions. Eligibility information for AllWays Health Partners members is also available via NEHEN.

Cost-Sharing

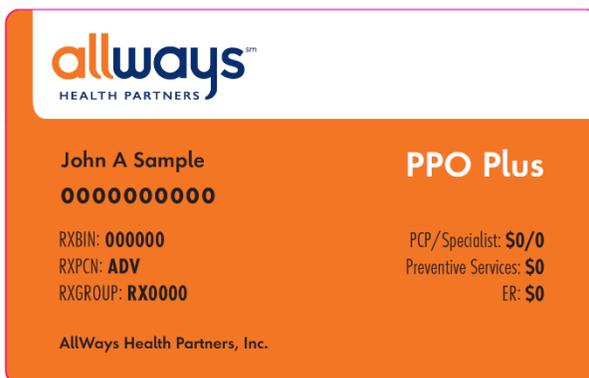
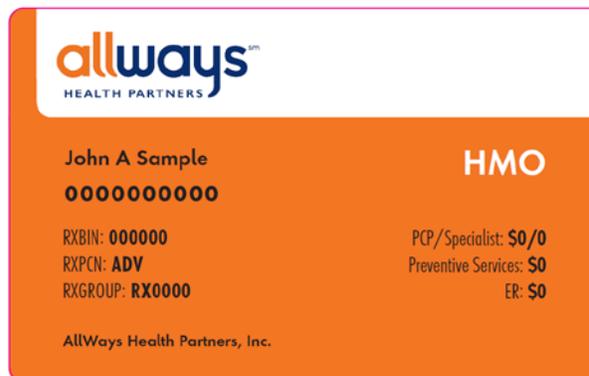
Members are fully liable for their corresponding cost-sharing (copayment, coinsurance and deductible amounts), and providers are strongly encouraged to bill AllWays Health Partners first then bill the member for the corresponding co-insurance and/or deductible amounts.

Members must pay any applicable copayments, coinsurance, and deductibles. Depending upon the plan design selected, some AllWays Health Partners members may have no office visit copayments, coinsurance, or deductible. In addition, the Patient

Protection and Affordable Care Act (PPACA) exempts certain preventive services from requiring any member cost. Please refer to Preventive Services Provider Payment Guidelines for a full list of services and codes that are not subject to cost-sharing on our commercial plans.

Member Identification (ID) Cards

Each AllWays Health Partners member is issued an ID card* with information as shown in the below samples:





*An AllWays Health Partners ID card itself does not indicate an individual is currently enrolled in the Plan.

Patient Relations

Member Rights and Responsibilities

AllWays Health Partners members are entitled to specific rights, including accessing and correcting medical records information, as shown below.

Members must be allowed to freely apply these rights without negatively affecting how they are treated by providers and/or AllWays Health Partners. In addition, AllWays Health Partners providers must treat AllWays Health Partners members with fairness, honesty, and respect, including refraining from any biases based on income status, physical or mental condition, age, gender, gender identity, sexual orientation, religion, creed, race, color, physical or mental disability, personal appearance, political affiliation, national origin, English proficiency, ancestry, marital status, genetic information, medical history, receipt of health care, veteran's status, occupation, claims experience, duration of coverage, pre-existing conditions, actual or expected health status, need for health care services, evidence of insurability, ultimate payer for services, status as a member, or geographic location within AllWays Health Partners service areas.

Member Rights

Our valued AllWays Health Partners members have the right to:

- Receive information about AllWays Health Partners, our services, our providers and practitioners, covered benefits, and the rights and responsibilities as a Member of AllWays Health Partners.
- Receive documents in alternative formats and/or oral interpretation services free of charge for any materials in any language.
- Have their questions and concerns answered

completely and courteously.

- Be treated with respect and with consideration for their dignity.
- Have privacy during treatment and expect confidentiality of all records and communications.
- Discuss and receive information regarding treatment options, regardless of cost or benefit coverage, with their Provider in a way which is understood by the member. They may be responsible for payment of services not included in the Covered Services list for their coverage type.
- Be included in all decisions about their health care, including the right to refuse treatment and the right to receive a Second Opinion on a medical procedure at no cost to the member.
- Change Primary Care Providers.
- Access Emergency Care twenty-four (24) hours a day, seven (7) days a week.
- Access an easy process to voice the member's concerns and expect follow-up by AllWays Health Partners.
- File a Grievance or Appeal if the member has had an unsatisfactory experience with AllWays Health Partners or with any of our contracted Providers, or if the member disagrees with certain decisions made by AllWays Health Partners.
- Make recommendations regarding AllWays Health Partners' Member rights and responsibilities.
- Create and apply an Advance Directive, such as a will or a health care proxy, if the member is 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 the member's rights without negatively affecting the way AllWays Health Partners and/or the member's Provider treats them.
- Ask for and receive a copy of the member's health record and request that it be changed or corrected, as explained in the Notice of Privacy Practices in the Member Handbook.
- Receive the Covered Services the member is eligible for as outlined in the Covered Services list enclosed with the Member Handbook.

Member Responsibilities

Members of AllWays Health Partners also have the responsibility to:

- Choose a Primary Care Provider, the Provider responsible for their care.
- Call their Primary Care Provider when they need health care.
- Tell any health care Provider that they are an AllWays Health Partners Member.
- Give complete and accurate health information that AllWays Health Partners or their Provider needs in order to provide care.
- Understand the role of their Primary Care Provider in providing their care and arranging other health care services that they may need.
- To the degree possible, understand their health problems and take part in making decisions about their health care and in developing treatment goals with their Provider.
- Follow the plans and instructions agreed to by the member and their Provider.
- Understand their benefits and know what is covered and what is not covered.
- Call their Primary Care Provider within forty-eight (48) hours of any Emergency or Out-of-Network treatment. If they experienced a Behavioral Health Emergency they should contact their Behavioral Health Provider, if they have one.
- Notify AllWays Health Partners of any changes in personal information such as address, telephone, marriage, additions to the family, eligibility of other health insurance coverage, etc.
- Understand that they may be responsible for payment of services they receive that are not included in the Covered Services list for their coverage type.

Assistance with Interpretation/Communication

AllWays Health Partners contracted practices must provide interpreter services free of charge when necessary, including but not limited to over the phone communication, to limited English proficiency (LEP) members. This requirement is in keeping with Title VI of the Civil Rights Act of 1964 that requires recipients of federal financial assistance to provide translation or interpretation services as a means of ensuring that their programs and activities normally provided in English

are accessible to LEP persons and thus do not discriminate on the basis of national origin. The provision of translation or interpreter services must comply with applicable state and federal mandates and take into account relevant guidance issued by the Department of Health and Human Services Offices of Civil Rights Minority Health, as well as the Massachusetts Office of Health Equity.

The following resources are available to assist you in meeting this obligation:

- The US Department of Health and Human Services Office of Minority Health’s publication, “A Patient-Centered Guide to Implementing Language Access Services in Healthcare Organizations,” can be found at: www.minorityhealth.hhs.gov.
- More information on Executive Order 13166, “Improving Access to Services for Persons with Limited English Proficiency,” and its applicability to health care providers can be found at www.lep.gov.
- Information on interpreter services, regulations, and requirements: www.minorityhealth.hhs.gov.

AllWays Health Partners contracted providers must have the capacity to, communicate with members in languages other than English, communicate with individuals with special health care needs (including with those who are deaf, hard-of-hearing, or deaf blind), and make materials and information available in alternative formats.

Privacy Rights

AllWays Health Partners believes strongly in safeguarding the personal and health information of our members and expects all AllWays Health Partners providers to fully comply with all applicable state and federal regulations regarding confidentiality of health information, including but not limited to the privacy and security regulations promulgated under the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

It is important that privacy regulations do not impact patient treatment or quality of care. Absent specific authorization from the member, HIPAA allows for the exchange of information needed for treatment, payment and health care operations. Examples that are applicable to the relationship between AllWays Health Partners and our providers include but are not limited to:

- *Payment* - The exchange of information needed to ensure that appropriate payment is made for services provided to members, including fulfilling authorization requirements, rendering payment, and

conducting retrospective audits.

- *Health care operations* - The collection of information for quality assessment and improvement activities such as Healthcare Effectiveness Data and Information Set (HEDIS) audits, medical record reviews, the investigation of grievances, quality of care issues or suspected fraud and abuse. The exchange of information that enables the coordination of medical care for an AllWays Health Partners member by our team of Care Managers or the provision of information to our providers concerning their patients' utilization of medical services.

AllWays Health Partners members are informed of their privacy rights, including how AllWays Health Partners uses their information, by distribution of our Notice of Privacy Practices.

Treatment of Minors (Privacy)

State law allows minors, under certain circumstances, to consent to medical treatment without parental consent. In such situations, the minor would be able to initiate an appeal or designate an appeal representative with respect to that medical treatment without parental consent. In such circumstances, the minor may need to consent to the release of information concerning that medical treatment, even to the parent(s).

Providers are encouraged to seek legal counsel about minors' consent to medical treatment and about patient confidentiality and privacy.

More information about consent of minors for medical treatment can be found at:

<http://www.bc.edu/schools/law/jrap/>.

Providers with questions or concerns about AllWays Health Partners' privacy practices can contact AllWays Health Partners Privacy Officer at 800-433-5556 or qualityandcompliance@allwayshealth.org.

Accessing Emergency Services

AllWays Health Partners members are covered for care in emergencies. Members can go to any emergency room of any hospital. The hospital does not have to be in the AllWays Health Partners provider network. Coverage includes use of an ambulance and post-stabilization care services that are related to an emergency.

An emergency is a health condition a member believes will put their health in serious danger if immediate medical attention is not received.

Examples of emergencies are:

- Chest pain
- Poisoning
- Trouble breathing
- Severe bleeding
- Convulsions
- Having thoughts of hurting yourself or others

If a member believes their health problem is an emergency and needs immediate attention, the member should be instructed to call 911 at once or go to the nearest emergency room right away to be examined and stabilized before being discharged or transferred to another hospital.

If a member is experiencing a behavioral health emergency, the member should call 911, go to the nearest emergency room, or contact the emergency services program (ESP) in their area.

A list of emergency rooms in all areas of the state can be found in the AllWays Health Partners Provider Directory.

Members should contact their PCP within 48 hours of any emergency visit to coordinate any needed follow-up care. Member who experience a behavioral health emergency should be instructed to contact their behavioral health provider, if they have one.

AllWays Health Partners members are also covered for emergency care 24 hours a day and seven days a week, even when outside the AllWays Health Partners service area.

Emergency Service Providers (ESP)

Emergency Service Programs (ESP) can offer community-based behavioral health services when a hospital emergency department visit may not be required. Readily available services include crisis assessment, interventions and referrals to appropriate services and are available to AllWays Health Partners members.

While some circumstances may necessitate a behavioral health crisis evaluation in an emergency department setting, there are many times when an individual can best be served by having a crisis evaluation conducted at the member's home, ESP office or a community-based location, such as the PCP's office.

PCPs should consider contacting a local ESP for AllWays Health Partners members presenting with the following:

- Complaints of feeling depressed or having suicidal thoughts
- Deteriorating mental status brought on by recent noncompliance with psychotropic medications or reactions to changes in medical regime
- Inability to utilize usual coping strategies when in crisis

ESPs are available 24/7 and should respond within 60 minutes of being contacted. Additional information about ESPs is available from the National Alliance on Mental Illness at <http://www.namimass.org/crisis/who-to-call-for-help>.

A listing of ESPs in all areas of the state is available via AllWays Health Partners' Provider Directory, by contacting the Statewide Directory for Behavioral Health Emergency Services Program or by calling Optum at 844-451-3518.

AllWays Health Partners /Optum

AllWays Health Partners has contracted with Optum to partner in managing the delivery of behavioral health services for all members.

AllWays Health Partners delegates these areas of responsibility to Optum:

- Claims processing and claims payment
- Member connections and customer service
- Provider contracting and credentialing
- Quality management and improvement
- Service authorization
- Utilization management/case management

Advance Directives

AllWays Health Partners members have the right to execute advance directives such as health care agents and health care proxies, living wills and organ donation cards to inform health care providers what to do if they become unable to make decisions about their care.

AllWays Health Partners actively attempts to increase awareness of its adult members, participating providers, and AllWays Health Partners staff of the importance of members executing an advance directive.

When applicable, providers should discuss advance directives as part of office visits. The discussion should be

documented in the patient's medical record and updated regularly, including whether or not the patient chooses to execute an advance directive. If a patient establishes a written advance directive, it is advised that the provider maintain a copy of this in the patient's medical records. Additional information is available at www.caringinfo.org.

Communicating with Patients

Effective patient-provider communication is vital to good health outcomes and patient satisfaction.

Limited English proficiency, low literacy and/or a patient's medical and emotional health can compromise his/her understanding in spite of the clinician's best efforts and affect communication between patients and medical practice staff. Many patients struggle with understanding, and those with limited health literacy are more likely to be hospitalized or frequently use emergency services.

Patients should be educated at the first visit as to what to expect from providers and office staff. Information such as practice policies, Patient Rights and Responsibilities, turnaround for returning phone calls and the process for filling prescriptions must be covered early on to ensure a mutual understanding of expectations. The patient must receive a clear explanation (preferably in writing) of what is and isn't acceptable behavior to proactively enhance patient-provider interactions. Office staff should receive adequate training for dealing with patients up to and including:

- Respect for the Patient Bill of Rights
- Avoiding using the caregiver status as a threat to the patient
- Incorrect assumptions about contributing factors to patient behaviors
- Dismissive verbal or body language that can fuel anger
- Adequate communication of acceptable and unacceptable patient behavior
- Depersonalizing patient behavior

Escalating Protocols

Partnering with the patient in his or her care is key to effective patient-provider relationships. It is recommended that clinicians start by creating rapport with the patient, asking for his or her goal in seeking care and understanding the impact of the illness on the patient's life. Conveying empathy verbally and non-

verbally, delivering the diagnosis in terms of his or her original concerns and educating the patient are key to successfully completing an office visit.

If communicating with non-English-speaking patients, using trained medical interpreters (versus a minor, family member, or non-trained personnel) can result in a more accurate diagnosis, greater patient compliance and, in some cases, a bridge to address patient-provider cultural gaps. Ideally this need is determined at the time of registration so that an interpreter can be involved early on and be scheduled for all of the patient's appointments. Otherwise, an interpreter should be called immediately when the need is discovered.

There should be a brief discussion between the interpreter and the clinician beforehand to clarify the goals of the visit. On meeting with the patient, clinicians should speak directly to the patient and not to the interpreter. A trained medical interpreter should use the first person, thus speaking as the doctor and the patient. For effective interpretation, sentences should be kept short and simple, avoiding use of complicated medical terminology and repeating critical information such as medication names and/or dosage as requested.

When dealing with patients, understanding factors affecting their behavior can help greatly in developing a care management plan. It is sometimes possible to predict patients who may become easily agitated, irrational, or violent, depending on their medical condition. Some patients also struggle with feeling let-down by their ailing bodies or feeling spiritually betrayed.

Rushing through a visit can be counter-productive. Providers are encouraged to pay close attention to the patient's words, voice or attitude to pick up anger signs or levels that might express fear, anger, or violence. Providers should also watch for overly compliant behavior, which could suggest that the patient has lost his or her identity. Providers should directly address their patient's underlying feelings, making eye contact at all times, and addressing the patient as "Mr." or "Miss/Ms./Mrs." in a friendly manner. When appropriate, obtaining assistance from relatives may help break any isolation and create solutions while also providing support.

Disenrolling a Patient from Your Care

AllWays Health Partners recognizes the critical importance of a positive therapeutic relationship and is committed to working with provider practices in developing and maintaining strong patient relationships.

However, we recognize that at times the relationship may be jeopardized by the actions of a member and that on rare occasions a provider may contemplate terminating a member from the practice. A patient's behavior isn't always indicative of being angry at their health care providers.

Validating a patient's frustration and concerns may go a long way in improving therapeutic relationships. Medical office staff should be trained to maintain a professional demeanor and when appropriate, leave the room after conveying empathy with the patient's situation, giving him or her time to think about what is happening.

Providers are expected to make every effort to resolve incompatible patient relationships and to notify Customer Service of their AllWays Health Partners Provider Relations Manager of unresolved patient issues as they are identified.

AllWays Health Partners is committed to collaborating closely with the provider and the member. This includes but is not limited to:

- Facilitating access to behavioral health treatment and community resources
- Participating in case conferences
- Providing intensive care management.

Termination from a practice while a member is in an emergent or urgent care situation, in the latter stages of pregnancy or is not mentally competent is rarely justifiable.

If issues cannot be addressed to the satisfaction of both parties, and a decision is made that the only alternative is terminating the patient relationship, the decision should not be communicated to the member until after coordination with AllWays Health Partners and the AllWays Health Partners Provider Relations Manager. The Provider Relations Manager will request case-specific relevant documentation, such as attempts made to address the patient's behavior, or a copy of the practice's patient rights policy.

Notification to Member

The provider is responsible for communicating, in writing, to the member and to AllWays Health Partners the reason for the decision and the effective date of termination. Except in instances of imminent danger, the member must be provided with at least 30 days advance notice in order to transition his or her care.

At a minimum, the letter should include:

- The reason for the decision
- The effective date of termination
- A summary of attempts made by the provider's practice to work with the patient prior to reaching the decision, including provision of the
- Patient Rights document, when applicable
- The option of continuing care for at least 30 days while the patient makes other arrangements
- Process for the transfer of medical records
- Instructions to contact AllWays Health Partners Customer Service to select a new provider.

Termination from a practice while a member is in an emergent or urgent care situation, in the latter stages of pregnancy or is not mentally competent is rarely justifiable.

Upon notification, AllWays Health Partners will contact the member to facilitate transition of care and to ensure that decisions of this nature are made in an objective and fair manner.