

Section 1

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Section 1

Member Information

My Care FamilySM

My Care Family offers care and coverage through MassHealth by Greater Lawrence Family Health Center, Lawrence General Hospital, and AllWays Health Partners.

My Care Family serves patients in the Greater Lawrence area, where many residents face financial and social challenges to accessing care and to maintaining their health.

As part of the MassHealth ACO program, My Care Family members must have a My Care Family Primary Care Provider (PCP).

My Care Family members will have benefits based on their plan. A member may be enrolled on one of the following MassHealth plans:

- Standard
- CommonHealth
- Family Assistance
- CarePlus

My Care Family members may be eligible for any service covered directly by MassHealth, such as routine dental care. Please refer to the My Care Family Member Handbook and the Covered Services list for more information.

AllWays Health Partners identifies MassHealth members by rating categories, a specific grouping of MassHealth enrollees based on, but not necessarily equivalent to, MassHealth coverage types and disability status, for which a discrete capitation rate may apply.

Member Enrollment

AllWays Health Partners' Provider Portal, allwaysprovider.org, is designed to offer network providers around the clock access to enrollment and eligibility information via timely updates and helpful reports. Member enrollment and eligibility changes are provided

daily to PCPs through the provider portal to enhance patient care, facilitate PCP outreach efforts and enable updates to their own practice management systems.

Primary Care Assignments

All My Care Family members must select a primary care site and a PCP who participates in the My Care Family network.

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.

Providers can update missing or discrepant PCP assignment information within the same practice, including satellite locations, through the provider portal.

During MassHealth's plan selection period, members can switch PCPs, including those that are affiliated with another ACO. In the fixed enrollment period, members are locked into My Care Family and can only switch PCPs within My Care Family.

Enrollment Activities

The Provider Portal reports provide important information on recently processed enrollment transactions, including retroactive changes. Available reports include:

- *A Provider Roster* report listing all currently enrolled clinicians
- *A Member Roster* report listing all active My Care Family members assigned to the site
- *Transaction* reports listing the latest enrollment transactions including:
 - Patients no longer enrolled with My Care Family
 - Patients who have elected to get their primary care elsewhere
 - New My Care Family members who have chosen the practice as their primary care site

- Existing My Care Family members who have transferred from another My Care Family primary care site
- PCP updates processed by AllWays Health Partners at the member's request
- When applicable, *Redetermination* reports provide advanced information for the site's My Care Family members at risk of losing state-subsidized coverage

To ensure proper reimbursement, providers are strongly encouraged to review available enrollment activity data regularly and notify AllWays Health Partners Provider Service (855-444-4647) of any discrepancies.

AllWays Health Partners Customer Service

AllWays Health Partners' highly skilled Customer Service Professionals are available to assist with questions on eligibility, benefits and policies, or procedures.

Contact Information:

Providers

Phone: 855-444-4647
Mon.–Fri., 8:30 am – 6:00 pm

My Care Family Members

Phone: 800-462-5449
TTY: 711
Email:
memberservices@allwayshealth.org
Mon.–Fri. 8:00 am – 6:00 pm
Thursday, 8:00 am – 8:00 pm

MassHealth Customer Service

Phone: 800-841-2900
TTY: 800-497-4648

Customer Service Professionals can also assist with updates member demographic and other information identified by providers. PCP information updates must be requested through allwaysprovider.org. You must attest to the patient's consent to the change.

My Care Family Member Onboarding

Once enrolled, My Care Family members have access to a variety of materials detailing benefit and other important information via the member portal. This includes the ability to access the Covered Services List and the MassHealth Member Handbook (and corresponding amendments). In addition, the member portal provides medical and pharmacy claims history, status on submitted approval requests, as well as the patient's information on file with AllWays Health Partners should it need to be updated.

My Care Family members receive a My Care Family identification card and a member kit with information about how to use the plan. AllWays Health Partners also attempts to contact newly enrolled My Care Family members to welcome them to the plan and provide education on how to maximize their coverage.

Topics covered during the welcome call include:

- Verification of demographics and language preference
- Explanation of the role of the PCP in coordinating all care
- Overview of My Care Family benefits and covered services
- Overview of My Care Family member discounts

Member Eligibility and Identification

All My Care Family members receive a My Care Family identification card. A My Care Family card itself does not indicate that an individual is currently enrolled with My Care Family. Providers are responsible for verifying eligibility daily via the provider portal, including but not limited to while a patient is hospitalized. Eligibility information is also available on the New England Healthcare Exchange Network (NEHEN).

Except in emergencies, patient eligibility should be determined prior to rendering services. AllWays Health Partners will only reimburse for covered services rendered to a patient eligible on the date of service and when all other referral, authorization, and payment requirements are met.

The provider portal is designed to give providers around the clock access to member information and other administrative functions. Eligibility information is also available to providers with access to NEHEN.

Copayments

My Care Family members have no office visit copayment. A pharmacy copayment may apply depending on the selected medication.

Occasionally, a My Care Family member may not be able to pay the applicable pharmacy copayment at the time the prescription is filled. Under these circumstances, My Care Family members should notify the pharmacist of their inability to afford the copayment. Under federal law, and as contractually required, the pharmacy must still dispense the medication as prescribed. AllWays Health Partners is not responsible for the copayment due to the pharmacy. The patient is liable for any applicable copayment amounts and the pharmacy may exercise its legal rights to collect the amount due.

My Care Family Identification (ID) Cards

My Care Family members are issued an ID card with information as shown below. An ID card itself does not indicate an individual is currently enrolled with My Care Family.

Patient Relations

Member Rights and Responsibilities

My Care Family 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, providers must treat My Care Family members with fairness, honesty, and respect, including refraining from any biases based on race, color, national origin, age, disability, sex, religion, sexual orientation, gender identity, gender expression, ancestry, marital status, veteran status, occupation, claims experience, duration of coverage, pre-existing condition, expected health status, or who pays for services.

Member Rights

My Care Family members have the right to:

- Receive information about AllWays Health Partners, our services, our providers and practitioners, their covered benefits, and their 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 their treatment options, regardless of cost or benefit coverage, with their provider in a way which is understood by them. Members may be responsible for payment of services not included in the Covered Services list for your 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 them.
- Access emergency care 24 hours a day, seven days a week.

- Change their PCP.
- Access an easy process to voice their concerns and expect follow-up by AllWays Health Partners.
- File a grievance or appeal if they have had an unsatisfactory experience with AllWays Health Partners or with any of our contracted providers, or if they disagree 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 they 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 their rights without negatively affecting the way AllWays Health Partners and/or their provider treats them.
- Ask for and receive a copy of their 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 they are eligible for.

Member Responsibilities

My Care Family members have the responsibility to:

- Choose a primary care provider (PCP), the provider responsible for managing their care.
- Call their PCP when they need health care.
- Tell any health care provider that they are a My Care Family member.
- Give complete and accurate health information that AllWays Health Partners or their provider needs to provide care.
- Understand the role of their PCP 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 them and their provider.
- Understand their benefits and know what is covered and what is not covered.
- Call their PCP within 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.

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.

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.

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. This website also includes information on interpreter services, regulations, and requirements.
- Additional 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.

Privacy Rights

My Care Family believes strongly in safeguarding the personal and health information of our patients and expects all providers to fully comply with 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 patient, 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 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 a My Care Family member by our team of Care Managers or the provision of information to our providers concerning their patients’ utilization of medical services.

My Care Family members are informed of their privacy rights, including how My Care Family 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 with any questions about minors’ consent to medical treatment and patient confidentiality and privacy.

Providers with questions or concerns about AllWays Health Partners’ privacy practices can call the Compliance Hotline at 1-844-556-2925.

Accessing Emergency Services

My Care Family members are covered for emergency care, even when traveling outside the service area. My Care Family members have coverage for emergency services throughout the United States and its territories. Coverage includes use of an ambulance and post-stabilization care services related to an emergency. The member can go to any emergency room; the

hospital does not have to be the My Care Family network.

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 care. If applicable, the PCP will arrange follow-up care. If the member experiences a behavioral health emergency the member should be instructed to contact their behavioral health provider, if they have one.

Members are covered for emergency care 24 hours a day and seven days a week, even when traveling or outside the service area.

Emergency Service Programs

Emergency Service Programs (ESPs) 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.

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 provider for My Care Family 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>.

For a listing of ESPs in all areas of the state, patients can refer to the Provider Directory.

Optum Partnership

My Care Family partners with Optum in managing the delivery of behavioral health services for all My Care Family members.

My Care Family delegates to Optum these behavioral health areas of responsibility:

- Claims processing and claims payment

- Patient connections and customer service
- Provider contracting and credentialing
- Quality management and improvement
- Service authorization
- Utilization management/case management

Advance Directives

My Care Family 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. My Care Family actively attempts to increase awareness of the importance of executing an advance directive among its adult patients, network providers, and staff.

When applicable, providers should discuss with patients their wishes for an advance directive as part of office visits. The discussion should be documented in the patient's medical record and updated regularly, including whether the patient chooses to execute an advance directive. If a patient establishes a written advance directive, it is advised that a provider maintain a copy of this in the patient's medical record. Additional information on advance directives is available at www.caringinfo.org.

Communicating with Patients

Effective patient-provider communication is vital to good health outcomes and patient satisfaction. Low literacy rates can sometimes compromise a patient's understanding, despite the clinician's efforts. Many patients struggle with understanding; patients with limited health literacy are more likely to be hospitalized or more frequently use emergency services. Limited English proficiency and/or a patient's medical and emotional health can also affect communication between patients and medical practice staff.

Patients should be educated at the first visit as to what to expect from providers and their

office staff. Information such as missed appointments and other practice policies, Patient Rights and Responsibilities, turnaround for returning phone calls, and the process for filling prescriptions and requesting PCP referrals 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 acceptable and what is not acceptable behavior for effective patient-provider interactions. Provider office staff should also receive adequate training for dealing with patients up to and including:

- Respecting 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.

When communicating with limited English proficiency 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 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. When 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 plan to effectively manage them. 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 always, 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

My Care Family 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 this 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 proactively notify their AllWays Health Partners Provider Relations Manager of unresolved patient issues as they are identified.

We are 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.

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 AllWays Health Partners has been contacted.

Upon receipt, AllWays Health Partners 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

Once the case has been reviewed, the provider is responsible for notifying the patient

in writing and providing a copy to AllWays Health Partners

At 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
- The process for the transfer of medical records
- Instructions to contact AllWays Health Partners Customer Service to select a new provider.

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

Except in instances of imminent danger, the patient must be provided with at least 30 days to transition his or her care.

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