



## YOUR RIGHTS AS A BE HEALTHY™ MEMBER

December 2017

Dear Health New England Be Healthy Member:

Each year, Health New England is required by state and federal laws and national accreditation standards to tell you about certain rights and services available to you as a member. In the following pages you will find this information:

- I. Health New England's Quality Management Program
- II. Member Rights and Responsibilities
- III. Behavioral Health Services
- IV. How We Protect Your Privacy
- V. How to get information about your Plan

This information is included in your Health New England Be Healthy Member Handbook. You can find a copy on our website, <http://healthnewengland.org/behealthy/benefits>.

Please review this information. If you have any questions, please call Health New England Member Services at (413) 788-0123 or (800) 786-9999 (TTY: (800) 439-2730), Monday through Friday, from 8 a.m. to 6 p.m. We would be happy to help!

Sincerely,

A handwritten signature in black ink that reads "John Florek".

John Florek  
Member Services Manager



## **Notice Informing Individuals of Nondiscrimination and Accessibility**

Health New England complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Health New England does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Health New England:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Elin Gaynor, Associate General Counsel.

If you believe that Health New England has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Elin Gaynor, Associate General Counsel, One Monarch Place, Suite 1500, Springfield, MA 01104-1500, Phone: (888) 270-0189, TTY: 711, Fax: (413) 233-2685 or [ComplaintsAppeals@hne.com](mailto:ComplaintsAppeals@hne.com). You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Elin Gaynor, Associate General Counsel is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, (800) 368-1019, (800) 537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Language	Statement of Nondiscrimination
English	Health New England complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.
Spanish	Health New England cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.
Portuguese	Health New England cumpre as leis de direitos civis federais aplicáveis e não exerce discriminação com base na raça, cor, nacionalidade, idade, deficiência ou sexo.
Chinese	Health New England 遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人。
French Creole	Health New England konfòm ak lwa sou dwa sivil Federal ki aplikab yo e li pa fè diskriminasyon sou baz ras, koulè, peyi orijin, laj, enfimite oswa sèks.
Vietnamese	Health New England tuân thủ luật dân quyền hiện hành của Liên bang và không phân biệt đối xử dựa trên chủng tộc, màu da, nguồn gốc quốc gia, độ tuổi, khuyết tật, hoặc giới tính.
Russian	Health New England соблюдает применимое федеральное законодательство в области гражданских прав и не допускает дискриминации по признакам расы, цвета кожи, национальной принадлежности, возраста, инвалидности или пола.
Arabic	Health New England مزتلى نينواقب فوقحلا فيندملا قيلاردفلا لومعملا اهب لاو زيمي بلع ساسا قرعلا و نوللا و لصالا ينطولا و نسلا و قاعلا و سنجلا.
Mon-Khmer, Cambodian	Health New England អនុវត្តតាមច្បាប់សិទ្ធិពលរដ្ឋនៃសហព័ន្ធដែលសមរម្យនិងមិនមានការរើសអើងលើមូលដ្ឋាននៃពូជសាសន៍ ពណ៌សម្បុរ សញ្ជាតិដើម អាយុ ពិការភាព ឬភេទ។
French	Health New England respecte les lois fédérales en vigueur relatives aux droits civiques et ne pratique aucune discrimination basée sur la race, la couleur de peau, l'origine nationale, l'âge, le sexe ou un handicap.
Italian	Health New England è conforme a tutte le leggi federali vigenti in materia di diritti civili e non pone in essere discriminazioni sulla base di razza, colore, origine nazionale, età, disabilità o sesso.
Korean	Health New England 은 (는) 관련 연방 공민권법을 준수하며 인종, 피부색, 출신 국가, 연령, 장애 또는 성별을 이유로 차별하지 않습니다.
Greek	H Health New England συμμορφώνεται με τους ισχύοντες ομοσπονδιακούς νόμους για τα ατομικά δικαιώματα και δεν προβαίνει σε διακρίσεις με βάση τη φυλή, το χρώμα, την εθνική καταγωγή, την ηλικία, την αναπηρία ή το φύλο.
Polish	Health New England postępuje zgodnie z obowiązującymi federalnymi prawami obywatelskimi i nie dopuszcza się dyskryminacji ze względu na rasę, kolor skóry, pochodzenie, wiek, niepełnosprawność bądź płeć.
Hindi	Health New England लागू होने योग्य संघीय नागरिक अधिकार कानून का पालन करता है और जाति, रंग, राष्ट्रीय मूल, आयु, विकलांगता, या लिंग के आधार पर भेदभाव नहीं करता है।
Gujarati	Health New England લાગુ પડતા સમવાયી નાગરિક અધિકાર કાયદા સાથે સુસંગત છે અને જાતિ, રંગ, રાષ્ટ્રીય મૂળ, ઉંમર, અશક્તતા અથવા લિંગના આધારે ભેદભાવ રાખવામાં આવતો નથી.
Lao	Health New England ປະຕິບັດຕາມກົດໝາຍວ່າດ້ວຍສິດທິພົນລະເມືອງຂອງຮຸກຮານກາງທີ່ບັງຄັບໃຊ້ ແລະບໍ່ຈຳແນກໂດຍອີງໃສ່ພື້ນຖານດ້ານເຊື້ອຊາດ, ສີ່ຜິວ, ຊາດກຳເນີດ, ອາຍຸ, ຄວາມພິການ, ຫຼື ເພດ.
Albanian	Health New England vepron në përputhje me ligjet e zbatueshme federale të të drejtave civile dhe nuk ushtron diskriminim mbi baza si raca, ngjyra, prejardhja etnike, mosha, aftësia e kufizuar ose gjinia.
Tagalog	Sumusunod ang Health New England sa mga naaangkop na Pederal na batas sa karapatang sibil at hindi nandiskrimina batay sa lahi, kulay, bansang pinagmulan, edad, kapansanan o kasarian.

Language	Multi-Language Services
English	You have the right to get help and information in your language at no cost. To request an interpreter, call the toll-free member phone number listed on your health plan ID card, press 0. (TTY: 711)
Spanish	Tiene derecho a recibir ayuda e información en su idioma sin costo. Para solicitar un intérprete, llame al número de teléfono gratuito para miembros que se encuentra en su tarjeta de identificación del plan de salud y presione 0. (TTY: 711)
Portuguese	Você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para solicitar um intérprete, ligue para o número de telefone gratuito que consta no cartão de ID do seu plano de saúde, pressione 0. (TTY: 711)
Chinese	您有權免費以您使用的語言獲得幫助和訊息。如需口譯員，請撥打您的保健計劃 ID 卡上列出的免費會員電話號碼，按 0。(TTY: 711)
French Creole	Ou gen dwa pou jwenn èd ak enfòmasyon nan lang natifnatal ou gratis. Pou mande yon entèprèt, rele nimewo gratis manm lan ki endike sou kat ID plan sante ou, peze 0. (TTY: 711)
Vietnamese	Quý vị có quyền được giúp đỡ và cấp thông tin bằng ngôn ngữ của quý vị miễn phí. Để yêu cầu được thông dịch viên giúp đỡ, vui lòng gọi số điện thoại miễn phí dành cho hội viên được nêu trên thẻ ID chương trình bảo hiểm y tế của quý vị, bấm số 0. (TTY: 711).
Russian	Вы имеете право на бесплатное получение помощи и информации на вашем языке. Чтобы подать запрос переводчика позвоните по бесплатному номеру телефона, указанному на обратной стороне вашей идентификационной карты и нажмите 0. Линия (телетайп: 711)
Arabic	يحق لك الحصول على المساعدة والمعلومات بلغتك مجانًا. لطلب مترجم، اتصل برقم هاتف العضو المجاني على بطاقة تعريف خطتك الصحية، ثم اضغط على 0. (TTY:711)
Mon-Khmer, Cambodian	អ្នកមានសិទ្ធិទទួលបានជំនួយ និងព័ត៌មាន ជាភាសារបស់អ្នក ដោយមិនអ្វីថ្លៃ។ ដើម្បីដល់សេវាសំរាប់អ្នកបកប្រែ សូមទូរស័ព្ទទៅដល់លេខកូដកម្ពុជាសម្រាប់សមាជិក ឬលេខកូដកម្ពុជាសម្រាប់អ្នកប្រើប្រាស់ ID កំដរដល់ លេខកូដកម្ពុជាសម្រាប់អ្នកប្រើប្រាស់ ០ លើលេខ ១០ ០១ (TTY: 711)
French	Vous avez le droit d'obtenir gratuitement de l'aide et des renseignements dans votre langue. Pour demander à parler à un interprète, appelez le numéro de téléphone sans frais figurant sur votre carte d'affilié du régime de soins de santé et appuyez sur la touche 0. (ATS: 711).
Italian	Hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per richiedere un interprete, chiama il numero telefonico verde indicato sulla tua tessera identificativa del piano sanitario e premi lo 0. Dispositivi per non udenti (TTY: 711).
Korean	귀하는 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 통역사를 요청하기 위해서는 귀하의 플랜 ID 카드에 기재된 무료 회원 전화번호로 전화하여 0 번을 누르십시오. TTY: 711
Greek	Έχετε το δικαίωμα να λάβετε βοήθεια και πληροφορίες στη γλώσσα σας χωρίς χρέωση. Για να ζητήσετε διερμηνέα, καλέστε το δωρεάν αριθμό τηλεφώνου που βρίσκεται στην κάρτα μέλους ασφάλισης, πατήστε 0. (TTY: 711).
Polish	Masz prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Po usługi tłumacza zadzwoń pod bezpłatny numer umieszczony na karcie identyfikacyjnej planu medycznego i wciśnij 0. (TTY: 711).
Hindi	आप के पास अपनी भाषा में सहायता एवं जानकारी नि:शुल्क प्राप्त करने का अधिकार है। दुर्भाग्य के लिए अनुरोध करने के लिए, अपने हेल्थ प्लान ID कार्ड पर सूचीबद्ध टोल-फ्री नंबर पर फोन करें, 0 दबाएं। TTY 711

Gujarati	તમારી ભાષામાં વિના મૂલ્યે મદદ અને માહિતી મેળવવાનો તમને અધિકાર છે. દુભાષિયાની વિનંતી કરવા માટે તમારા હેલ્થ પ્લાન ID કાર્ડ પર જણાવેલા ટોલ-ફ્રી નંબર પર કોલ કરો અને 0 દબાવો. (TTY: 711).
Lao	ທ່ານມີສິດທີ່ຈະໄດ້ຮັບການຊ່ວຍເຫຼືອແລະຂໍ້ມູນຂ່າວສານທີ່ເປັນພາສາຂອງທ່ານບໍ່ມີຄ່າໃຊ້ຈ່າຍ. ເພື່ອຊຸ້ຍຮ້ອງນາຍພາສາ, ໂທຟຣີຫາຫມາຍເລກໂທລະສັບສາລັບສະມາຊິກທີ່ໄດ້ລະບຸໄວ້ໃນບັດສະມາຊິກຂອງທ່ານ, ກົດເລກ 0. (TTY: 711).
Albanian	Ju keni të drejtë të merrni ndihmë dhe informacion falas në gjuhën tuaj. Për të kërkuar një përkthyes, telefononi në numrin që gjendet në kartën e planit tuaj shëndetësor, shtypni 0. (TTY: 711).
Tagalog	May karapatan kang makatanggap ng tulong at impormasyon sa iyong wika nang walang bayad. Upang humiling ng tagasalin, tawagan ang toll-free na numero ng telepono na nakalagay sa iyong ID card ng planong pangkalusugan, pindutin ang 0. (TTY: 711).

We're here to help you. We can give you information in other formats and different languages. All translation services are free to Members. If you have questions regarding this document please call the toll-free member phone number listed on your health plan ID card, (TTY: 711), Monday through Friday, 8:00 a.m.-6:00 p.m.

Be Healthy members, this information is about your HNE Be Healthy benefits. If you have questions, need this document translated, need someone to read this or other printed information to you, or want to learn more about any of our benefits or services, call the toll-free member phone number listed on your health plan ID card, (TTY: 711), Monday through Friday, 8:00 a.m. – 6:00 p.m. For questions about your Behavioral Health call MBHP at: (800) 495-0086 (TTY: (617) 790-4130) 24 hours a day, 7 days a week. Or visit [www.masspartnership.com](http://www.masspartnership.com)

Medicare Advantage members, Health New England Medicare Advantage is an HMO with a Medicare contract. Enrollment in Health New England Medicare Advantage depends on contract renewal. If you have any questions regarding this document please contact the toll-free member phone number listed on your health plan ID card, (TTY: 711).

## **I. Health New England's Quality Management Program**

Health New England has a written Quality Management Program Description. This document provides detailed information about the program and contains the annual work plan, or schedule of events. It also explains how the program is evaluated. If you would like a copy of this information, or results of quality improvement activities, please contact Pat Scheer, Health New England's Director of Quality Operations, at (413) 233-3435.

## **II. MEMBER RIGHTS AND RESPONSIBILITIES**

Health New England members have specific rights and responsibilities that form the basis of quality health care. We are pleased to share the Health New England Member Rights and Responsibilities Statement, which tells you what you can expect of us and what we ask of you.

### **Member Rights**

As a valued Member of Health New England Be Healthy, you have the right to:

- Receive documents and any information in other formats or in Spanish free of charge. Interpreter services also are available free of charge by calling Health New England Member Services.
- Receive information about Health New England Be Healthy, our services, our Providers and practitioners, your covered benefits, and your rights and responsibilities as a Member of Health New England Be Healthy
- 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. You may be responsible for payment of services not included in the Covered Services list for your coverage type.
- Be included in all decisions about your health care, including the right to refuse treatment and the right to receive a Second Opinion on a medical procedure at no cost to you.
- Choose a qualified Primary Care Provider and hospital that accepts Health New England Be Healthy Members
- Change your Primary Care Provider
- Access Emergency care 24 hours a day, 7 days a week
- Easy access to voice your concerns, and expect follow-up by Health New England Be Healthy
- File Grievances and Appeals without discrimination about the Managed Care Organization (MCO) or the care provided, and expect problems to be fairly examined and appropriately addressed
- Make recommendations regarding Health New England Be Healthy's Member rights and responsibilities
- 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 Health New England Be Healthy 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 in your Member Handbook
- Receive the Covered Services you are eligible for as outlined in the Covered Services list enclosed with your Member Handbook
- Be informed about how medical treatment decisions are made by Health New England or by Providers that accept Health New England Members.
- Know the names and qualifications of physicians and health care professionals involved in your medical treatment
- Receive information about an illness, the course of treatment and expectations for recovery in words that you can understand
- Receive Emergency services when you, as a non-health care professional, believed that an Emergency health condition existed
- Keep your Personal Health Information private as protected under federal and state laws— including oral, written and electronic information throughout Health New England. Unauthorized people do not see or change your records.

- Exercise these rights regardless of your race, physical or mental ability, ethnicity, gender, sexual orientation, creed, age, religion, national origin, cultural or educational background, economic or health status, English proficiency, reading skills, or source of payment for your care. Expect these rights to be upheld by both Health New England and the Providers who accept Health New England Be Healthy Members.

### **Member Responsibilities**

As a Member of Health New England Be Healthy, you also have responsibilities. It is your responsibility to:

- Choose a Primary Care Provider, the Provider responsible for your care
- Call your Primary Care Provider when you need health care, unless it is an Emergency
- Tell any health care Provider that you see that you are a Health New England Be Healthy Member
- Give complete and accurate health information that Health New England Be Healthy or your Provider needs in order to provide care
- Understand the role of your Primary Care Provider in providing your care and arranging other health care 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 care plans and instructions agreed to by you and your Provider
- Understand your benefits and know what is covered and what is not covered
- Notify Health New England Be Healthy and MassHealth of any changes in personal information such as address, telephone, marriage, additions to the family and eligibility of other health insurance coverage, etc.
- Understand that you may be responsible for payment for services you receive that are not included in the Covered Services list for your coverage type

### **III. Behavioral Health Services**

Health New England Be Healthy provides a full range of Behavioral Health services including individual, group or family therapy, “diversionary” services such as partial hospitalization and inpatient care. As part of the Children’s Behavioral Health Initiative, Behavioral Health services for certain children and youth under the age of 21 have been expanded to include, when Medically Necessary, home and community-based services including mobile crisis intervention, in-home therapy, in-home behavioral services, family support and training, therapeutic mentoring and Intensive Care Coordination (ICC).

All Behavioral Health services to Health New England Be Healthy Members are provided by MBHP. If you need help with your Behavioral Health benefits, call MBHP any time at (800) 495-0086 (TTY: (617) 790-4130) 24 hours a day, 7 days a week, or visit [www.masspartnership.com](http://www.masspartnership.com). You can also contact Health New England Member Services at (413) 788-0123 or (800) 786-9999 (TTY: 711), Monday through Friday, from 8:00 a.m. to 6:00 p.m.

### **IV. How We Protect Your Privacy**

Health New England is committed to protecting your privacy. We keep members’ protected health information (PHI) confidential according to our policies and state and federal law, including the Health Insurance Portability and Accountability Act (HIPAA). Health New England’s Notice of Privacy Practices contains more detailed information about Health New England’s policies and practices regarding the collection, use, and disclosure of your PHI. It also explains your rights with respect to your PHI. You can request a complete copy of Health New England’s Notice of Privacy Practices by contacting Health New England Member Services.

#### **How does Health New England protect my PHI?**

Health New England has a detailed policy on confidentiality. This policy applies to all oral, written, and electronic information that we have about you. All Health New England employees are required to protect the confidentiality of your PHI. An employee may only access, use, or disclose your information when he or she has an appropriate reason to do so. Each employee or temporary employee must sign a statement that he or she has read and understands the policy. Once a year, Health New England sends a notice to employees to remind them of this policy. Any employee who violates the policy is subject to discipline and may be fired. You may request a copy of Health New England’s Privacy Policy from Health New England Member Services. Health New England also includes confidentiality provisions in all of its contracts with Plan Providers. Finally, Health New England maintains physical, electronic, and procedural safeguards to protect your information.

**How does Health New England use and disclose my PHI?**

HIPAA and other laws allow or require us to use or disclose your PHI for many different reasons. Health New England may use and disclose your information in connection with your treatment, the payment for your health care, and our health care operations, including our quality and utilization management activities. We also can disclose your information to providers and other health plans that have a relationship with you for their treatment, payment and some limited health care operations. In addition, federal law allows or requires us to use or disclose your PHI to serve other purposes, such as for public health activities, or when we are required by law to disclose the information. We do not need your authorization for these purposes.

For other uses and disclosures of your information, we must get your written authorization. A written authorization request will specify the purpose of the requested disclosure, the persons or class of persons to whom the information may be given, and an expiration date for the authorization. If you do provide a written authorization, you generally have the right to revoke it. Refer to our complete Notice of Privacy Practices for more information about how we use and disclose information about you.

**Can I get a copy of my medical records?**

Health New England does not provide medical care. Members receive care and treatment from health care providers based in their own facilities. Under Massachusetts law, you have a right to obtain a copy of your medical records. To obtain a copy, contact your health care provider directly.

You also have the right to see and get a copy of some of the records that Health New England maintains, such as your enrollment, payment, claims, case or medical management records, and any other records that Health New England uses to make decisions about you. Requests for access to copies of these records must be in writing and sent to the Health New England Legal Department. Please provide us with the specific information we need to fulfill your request. We may charge a reasonable fee for the cost of producing and mailing the copies.

**V. How to get information about your plan**

At Health New England, we continually review the coverage that we offer. We work with doctors, pharmacists, and other clinical professionals to compare emerging medical technology with the services we already cover. We also look for ways to improve and simplify how we administer covered services. As a result, from time to time we provide updates to your coverage, and we notify you, your employer, and our providers of these changes.

To obtain an updated copy of your Health New England Be Healthy Member Handbook or for the latest coverage information about your Plan, Health New England's contracted providers, or specific information about covered services, please call Health New England Member Services at (413) 788-0123 or (800) 786-9999 (TTY: 711), Monday through Friday, from 8 a.m. to 6 p.m. How can we help?