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Community Care

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MassHealth ACO Plans, covered services and benefits

Berkshire Fallon Health Collaborative (BFHC)
Fallon 365 Care
Fallon Health-Atrius Health Care Collaborative (FACC)

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Children's Behavioral Health Initiative (CBHI)

Child Adolescent Needs and Strengths (CANS) tool

Fallon Medicare Plus (Medicare Advantage and Medicare Supplement)

NaviCare

Summit ElderCare

Fallon Health products

Fallon Health products:

Fallon Health offers a variety of targeted products designed to meet the changing needs of our members.

Learn more about each of the Fallon Health plans, benefits, services, member publications, discounts, extras, and more at https://fallonhealth.org/en/members. You can also go to the Fallon Health Provider Manual, download *Managing patient care* and check out the *Additional Member Resources* section for more information.

Community Care (Commercial)

https://fallonhealth.org/members

Community Care is a low-cost plan with a targeted network that is available to individuals and families, as well as small businesses, through the MA Health Connector.

In addition to offering a rich core of benefits that promote preventive care, Community Care plans also include health and wellness benefits including: It Fits!, Oh Baby! and Naturally Well. Described below in the *Additional Member Resources* section of the provider manual.

Members must choose a PCP from the Community Care network and must receive PCP referrals for specialty care within the Community Care network of providers.

Learn more about the Community Care plan and benefits, and to view benefit summaries at fallonhealth.org/find-insurance/individuals-families.

Fallon Health products

Fallon Health products:

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MassHealth ACO

https://fallonhealth.org/members

MassHealth ACO plan descriptions, covered services and benefits.

Individuals enrolled with Fallon Health through the Commonwealth of Massachusetts Executive Office of Health and Human Services (EOHHS), are enrolled in one of the following Accountable Care Organizations (ACO); Berkshire Fallon Health Collaborative, Fallon Health-Atrius Health Care Collaborative, Fallon 365 Care.

Fallon Health members who are enrolled through MassHealth have some nonstandard benefits that provide additional coverage for some services through Fallon Health. Fallon Health also coordinates access to additional coverage through MassHealth.

Contact information:
The Fallon Health MassHealth ACO Customer Service Department is available to assist members and member prospects with their servicing needs. The direct telephone number is 800-341-4848. TDD/TTY access for those who are hearing impaired is 877-608-7677.

Providers with questions should call the toll-free Fallon Health provider service line at 866-ASK-FCHP (866-275-3247).

MassHealth Customer Service Center contact numbers and hours of operation:

- MassHealth Member Customer Service Center 1-800-841-2900
  Hours of operation: 8AM-5PM
- MassHealth Dental Customer Service Center 1-800-207-5019
  Hours of operation: 8AM-5PM
- MassHealth Provider Services 1-800-841-2900 Email: providersupport@mahealth.net
  Hours of operation: 8AM-5PM
- MassHealth Eligibility Verification System (EVS) Provider Help Desk 1-800-462-7738

Verifying eligibility
Fallon Health requires verifying the eligibility of MassHealth ACO members. Please refer to the online eligibility tool at www.fallonhealth.org, or call the Fallon Health MassHealth ACO Customer Service Department at 1-800-341-4848 (TDD/TTY: 1-877-608-7677).
Learn more at https://www.mass.gov/how-to/check-member-eligibility

Fallon Health products

MassHealth ACO plans:

Fallon Health has partnered with hospitals, health care providers and community health centers across the state to create three ACO Partnership Plans to better serve MassHealth ACO patients:

- ***Berkshire Fallon Health Collaborative (BFHC)*** —a partnership with Berkshire Health Systems, Community Health Programs and several Berkshire County community physician practices.
    - Learn more about the ACO plan, covered services and benefits at fallonhealth.org/Berkshires.
- ***Fallon 365 Care***—a partnership with Reliant Medical Group and other community providers.
    - Learn more about the ACO plan, covered services and benefits at fallonhealth.org/365care.
- ***Fallon Health-Atrius Health Care Collaborative (FACC)*** —a partnership with Atrius Health and other select community providers.
    - Learn more about the ACO plan, covered services and benefits at fallonhealth.org/atrius

MassHealth ACO covered and non-covered services, per the Accountable Care Partnership Plan (ACPP) Contract with EOHHS.

APPENDIX C lists the ACO covered services and non-covered services within exhibits 1-4, that can be accessed via this link to the Mass.gov website.

https://www.mass.gov/doc/amendment-2-to-1st-amended-and-restated-acpp-fallon-atrius/download

- Exhibit 1: ACO Covered Services. ✓ Denotes a covered service.
- Exhibit 2: Non-ACO Covered Services. ✓ Denotes a Non-ACO Covered Service (wrap service)
- Exhibit 3: ACO Covered Behavioral Health Services. ✓ Denotes a covered service.
- Exhibit 4: MassHealth Excluded Services – All Coverage Types

Fallon Health products

Fluoride varnish coverage for MassHealth members

Physicians and other qualified health care professionals* may apply fluoride varnish to eligible MassHealth members under age 21. It's expected that this procedure would occur during a pediatric preventive care visit. The goal is to increase access to preventive dental treatment in an effort to prevent early childhood cavities in children at moderate to high risk for dental decay.

** Physicians, physician assistants, nurse practitioners, registered nurses and Licensed Practical Nurses who complete the required training.*

Eligible members

Members must meet the following three criteria to be eligible:

1) The member is under the age of 21;

2) The member is eligible for dental services; and

3) The service is medically necessary as determined by a Caries Assessment Tool.

Providers must bill Fallon Health with CDT code D1206 on the CMS 1500 form. Please refer any MassHealth member who is without a dental provider to an appropriate dental service provider for ongoing preventive care.

Special formula (enteral-nutrition products)

MassHealth and its contracted Accountable Care Organizations (ACO) have primary responsibility for payment of enteral-nutrition products (special formula) that are medically necessary and are not covered by the Massachusetts Department of Public Health's (DPH) Women, Infants and Children (WIC) nutrition program.

In an effort to provide a more streamlined and standardized process for requesting Prior Authorization (PA) for special formula, the Fallon Health MassHealth ACOs: **Berkshire Fallon Health Collaborative (BFHC), Fallon 365 Care**, **Fallon Health-Atrius Health Care Collaborative (FACC)**, have collectively adopted a standardized, slightly revised version of the Combined MassHealth Managed Care Organization Medical Necessity Review For Enteral Nutrition Products (Special Formula)

In addition to Fallon Health's pharmacy network, enteral products can be obtained through various contracted Medical Supply Companies, please contact provider services to find out who is contracted at 1-866-275-3247, prompt 4.

To learn more about the Guidelines to Medical Necessity Determination for Enteral Nutrition Products, please access the following link: https://www.mass.gov/guides/masshealth-guidelines-for-medical-necessity-determination-for-enteral-nutrition-and-special-medical-formulas

EPSDT/PPHSD Screenings overview

Early and Periodic Screening, Diagnosis and Treatment (EPSDT) and Preventive Pediatric Health Care Screening and Diagnosis (PPHSD) are, collectively, the preventive care and treatment services that Fallon Health covers for our MassHealth ACO members under the age of 21. Fallon Health pays for these members to see their primary care provider or nurses on a periodic schedule. At these visits, primary care providers and nurses perform a series of health screenings. If the member screens positive, Fallon Health pays for further assessment, diagnosis, and treatment services. Fallon Health also pays for members under the age of 21 to visit their primary care doctor or nurse between periodic visits (interperiodically) any time there might be something wrong.

MassHealth ACO members are entitled to EPSDT services, Fallon Health pays for all medically necessary assessment, diagnosis, and treatment services that are covered by federal Medicaid law. If the services are not described in a contract, regulation, or procedure code covered for the MassHealth ACO member's coverage type, then the provider must obtain plan prior authorization.

- Refer to the Procedure Code Look-up Tool located on the Fallon Health website to determine if a procedure code/codes require preauthorization. Providers may also direct inquiries to the Fallon Health Provider Services line by calling 866-275-3247, select option #4.
- Request prior authorization online via the ProAuth portal or fax the completed Request For Preauthorization form to the Care Service Review Department at (508) 368-9700.

Learn more about behavioral health and developmental screenings in Primary Care for children younger than age 21. https://www.mass.gov/behavioral-health-and-developmental-screening-in-primary-care

In accordance with All Provider Bulletin 348: Updates to Developmental and Behavioral Health Screening Tools and Codes in Pediatric Primary Care, effective January 1, 2023, **primary care providers must offer to screen members younger than age 21 at each periodic (well-child) or interperiodic visit** using an instrument from the *Instruments for Recommended Universal Screening at Specific Bright Futures Visits* (Bright Futures Toolkit), published by the American Academy of Pediatrics (AAP).

In addition to general developmental screening, **it is strongly recommended that providers conduct Autism screening at the 18- and 24-month well-child visits**, using a standardized Autism screen following a general developmental screen. Autism screening tools must also be selected from those listed in the Bright Futures Toolkit.

For **members aged six months and younger**, providers must offer Maternal and Caregiver Depression Screening by administering and scoring the Edinburgh Postnatal Depression Scale (EPDS) with the member's caregiver during periodic or interperiodic visits.

These screenings fall under periodic and medically necessary interperiodic EPSDT (Early and Periodic Screening, Diagnosis and Treatment) or PPHSD (Preventive Pediatric, Health-Care Screening and Diagnosis) screens, according to the EPSDT Services Medical Protocol and Periodicity Schedule (Appendix W of the MassHealth provider manuals).

Reference the MassHealth.gov website and bulletins for policy changes related to behavioral health screening tools and coding changes for developmental and behavioral health screening for well-child visits.

EPSDT and PPHSD Information and Resources link, https://www.mass.gov/service-details/epsdt-and-pphsd-information-and-resources, includes the following regulations:

- 130 CMR 450.140 through 150.
- All Provider Bulletin 348: Updates to Developmental and Behavioral Health Screening Tools and Codes in Pediatric Primary Care,
- Appendix W: EPSDT Services Medical and Dental Protocol and Periodicity Schedules – This appendix lists the ages for well-child EPSDT and PPHSD periodic visits and the services required at each visit.
- Appendix Z: EPSDT/PPHSD Screening Services Code.

Fallon Health's Preventative Services Payment Policy for MassHealth Developmental and Behavioral Health Screening in Pediatric Primary Care information and coding, https://fallonhealth.org/providers/criteria-policies-guidelines/payment-policies

You can also contact the Fallon Health Provider Relations Department, 1-866-275-3247, press 4, for more information.

The Children's Behavioral Health Initiative

The Children's Behavioral Health Initiative (CBHI) is an inter-agency initiative of the Commonwealth's Executive Office of Health and Human Services whose mission is to strengthen, expand and integrate Massachusetts state services into a comprehensive, community-based system of care, to ensure that families and their children with significant behavioral, emotional, and mental health needs obtain the services necessary for success in home, school and community.

Fallon Health 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.

For more information visit www.fallonhealth.org or call Fallon Health's MassHealth ACO Customer Service Department at 1-800-341-4848, https://www.mass.gov/childrens-behavioral-health-initiative-cbhi, or visit Carelon, Fallon Health's Behavioral Health partner, at https://www.carelon.com, or call 1-888-421- 8861.

Child Adolescent Needs and Strengths (CANS) tool

Fallon Health in conjunction with its behavioral health partner, Carelon, requires a uniform behavioral health assessment process that includes a comprehensive needs assessment employing the Child Adolescent Needs and Strengths (CANS) tool.

Two tasks must be completed in order for a Fallon Health/Carelon behavioral health clinician to obtain access to the CANS tool:

(1) The clinician must become trained and certified in the use of CANS;
(2) The clinician's provider organization must designate the clinician to the EOHHS Virtual Gateway as a user.

The Child Adolescent Needs and Strengths Tool:
Mass Health requires a uniform behavioral health assessment process that includes a comprehensive needs assessment employing the Child and Adolescent Needs and Strengths (CANS) tool for all Mass Health members under age 21, in specific levels of care. The CANS is intended to be used as a treatment decision support tool for providers. All Mass Health providers must be certified in the administration of the CANS and must recertify themselves every two years. All CANS certified providers must have a Virtual Gateway account and a high-speed or satellite internet connectivity to access the CANS IT system. Providers must enter the CANS assessment into the Virtual Gateway upon initial completion or update. Providers are required to obtain member consent prior to entering member CANS information into the Virtual Gateway system. Should consent not be authorized by the family, guardian or emancipated minor, providers must still enter Serious Emotional Disturbance (SED) status via the Virtual Gateway.

There are two forms of the Massachusetts CANS: There are two forms of the Massachusetts CANS:

- "CANS Birth through Four": used until a child's fifth birthday
- "CANS Five through Twenty": used until an adolescent's 21st birthday

Outpatient providers will be required to use the CANS as part of an initial behavioral health assessment and must update the CANS screening at least every 90 days.

Should a member be treated by more than one behavioral health provider, each provider must administer the CANS.

Inpatient or other 24-hour level of care providers will be required to use the CANS as part of discharge planning process.

Should you have questions about the CANS training or certification process, you can contact the CANS training group either by calling 508-856-1016 or on the web: mass.cans@umassmed.edu.

Learn more at https://www.mass.gov/service-details/cans-training-and-certification

Each clinician who will be entering and viewing data in the CANS application will need to have a Virtual Gateway User ID in order to access the tool.

Should you need assistance with the Virtual Gateway, please call Virtual Gateway Customer Service, Monday- Friday 8:30am-5:00p at:

- *1-800-421-0938*
- *1-617-988-3301 TTY*

Fallon Health products

CANS forms
The paper CANS form is located online. It can be found at: https://www.mass.gov/service- details/cans-training-and-certification. When you arrive on that website, choose “Information for Providers” and then click “CANS tools.”

Fallon Health products:

Fallon Health offers a variety of targeted products designed to meet the changing needs of our members.

Learn more about each of the Fallon Health plans, benefits, services, member publications, discounts, extras, and more at https://fallonhealth.org/en/members. You can also go to the Fallon Health Provider Manual, download *Managing patient care* and check out the *Additional Member Resources* section for more information.

Fallon Medicare Plus™ (Medicare Advantage and Medicare Supplement)

https://fallonhealth.org/members

Fallon Medicare Plus offers people with Medicare comprehensive products including plans with and without Part D prescription drug coverage. We have a number of plans to fit different needs. Below is an overview of the benefits for each of the Medicare Advantage HMO plan types for individual consumers.

Fallon Medicare Plus HMO plans for individuals have a range of premiums. The monthly plan premium and the level of benefit coverage vary by plan choice and by county.

Fallon Health also offers Medicare Employer Group HMO plans for Medicare-eligible retirees/employees and their spouses. The Fallon Health Medicare Plus Medicare Advantage Group Retiree premiums and benefits vary by group.

Our Medicare Advantage HMO plans offer comprehensive coverage and more benefits than member would get with Original Medicare alone. We offer two provider networks with our Medicare Advantage HMO plans:

Fallon Medicare Plus and Fallon Medicare Plus Central

Fallon Medicare Plus Central is available only to residents of Worcester County, and effective 1/1/2025 only through a retiree's Employer Group. Members receive care and services from a tailored selection of providers based in the central part of the state.

Fallon Medicare Plus is available to all eligible plan members. This network includes all of our contracted providers throughout the state – from Boston to the Berkshires.

Our HMO plans for direct pay individuals are:

- Fallon Medicare Plus Orange HMO
- Fallon Medicare Plus Green HMO
- Fallon Medicare Plus Blue HMO
- Fallon Medicare Plus Saver No Rx HMO

Effective 1/1/2025, the Fallon Medicare Plus Central network for direct pay plans will not be offered. The legacy plan, Super Saver HMO, will also be discontinued.

- Fallon Medicare Plus Central Green HMO (Worcester County only)
- Fallon Medicare Plus Central Blue HMO (Worcester County only)

- Fallon Medicare Plus Super Saver HMO (All counties)

Our HMO plans for retirees through employer groups are:

- Fallon Medicare Plus Premier HMO
- Fallon Medicare Plus Central Premier HMO (Worcester County only)

Our HMO provider networks
With our Fallon Medicare Plus (HMO) provider network, members can choose from thousands of doctors and facilities located across Massachusetts – from Boston to the Berkshires. With Fallon Medicare Plus Central (HMO) provider network, retiree members receive care and services from a limited selection of providers in Worcester County. HMO members choose a primary care physician (PCP) from the network. The PCP coordinates all of the member's care and provides referrals, if required, to see a specialist.

Qualified Medicare Beneficiaries (QMB) programs

For Plan Members enrolled in Medicare and Medicaid, Plan Members shall not be held liable for Medicare Part A and B cost sharing when MassHealth is responsible for paying such amounts and the provider shall accept Plan payment as payment in full, or bill MassHealth accordingly.

Benefits overview
Our HMO plans include:

- Benefit Bank – a card that can be used to pay for dental care, prescription hearing aids, gym/fitness membership and/or prescription eyewear
- **Preventive and comprehensive dental care** - in addition to the Benefit Bank
- **Worldwide emergency coverage**
- **Vision care**, including $150 toward eyeglasses, every year – in addition to the Benefit Bank
- **Free annual routine hearing exam** and prescription hearing aid benefit – in addition to the Benefit Bank
- **Free preventive services including a routine annual physical exam**

Members of our Medicare Advantage Group HMO plans (Fallon Medicare Plus Premier HMO) also access the Fallon Medicare Plus and Fallon Medicare Plus Central (HMO) provider networks. Most employer group plans include enhanced drug coverage with no coverage gap and additional benefits that vary by group.

Evidence of Coverage (EOC)
An EOC is a booklet that we provide to members. It's part of their contract with us and it describes their complete benefits as well as how to use the plan.

Fallon Medicare Plus:
http://www.fchp.org/en/find-insurance/medicare/documents- forms.aspx

Please contact Fallon Health for Medicare Group EOCs because the benefits vary by group.

Fallon Health products

Fallon Medicare Plus™ Medicare Supplement
Fallon Medicare Plus offer three Medicare Supplement plans, “Core” and “1” were launched in 2011, and “1A” was offered beginning January 1, 2020, in accordance with the Medicare Access and CHIP Reauthorization Act (MACRA) Federal regulations. Members pay a higher premium than our very popular Medicare Advantage HMO plans so that they have more flexibility. They pay little to nothing for health care expenses such as deductibles, coinsurance and other services that are not covered after Medicare has covered its portion of the costs. A brief summary of benefits is listed in the table below.

Our three Medicare supplement plans have different levels of coverage and premiums. With Medicare Supplement plans, there are no networks, members do not have to designate a PCP, and they can see any Medicare provider without referrals. For more details about this product, call our Provider Services Department at 1-866-275-3247, prompt 4.

For more information, visit http://www.fchp.org/find-insurance/medicare-supplement.aspx.

Fallon Health products:

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Fallon Health plans are listed below. Learn more about each of the Fallon Health plans, benefits, Services, Member publications, discounts, extras, and more at https://fallonhealth.org/en/members. You can also go to the Fallon Health Provider Manual, download *Managing patient care* and check out the *Additional Member Resources* section for more information.

NaviCare®

https://fallonhealth.org/members

NaviCare is the product name for Fallon Health's Dual Eligible Special Needs Plan and Senior Care Options program. It provides coordinated care and coverage for seniors who are 65 or older, live in the service area and are eligible for MassHealth Standard. Plan benefits include all Medicare and Medicaid benefits, such as physician office visits, prescription and over- the- counter drugs as well as transportation to physician appointments. With NaviCare members receive a comprehensive package of medical, social and long-term care services and there are no premiums, co-payments or coinsurance for the member. A team of doctors, nurses, social workers and other health care professionals work together to build a personalized care plan for each NaviCare member.

NaviCare® HMO SNP is for seniors who:

- Are 65 or older
- Live in the service area
- Have Medicare Parts A and B, and MassHealth Standard

NaviCare® SCO is for seniors who:

- Are 65 or older
- Live in the service area
- Have MassHealth Standard
  (and may have Medicare Parts A or B)

NaviCare® resources

- For more information on **NaviCare's Model of Care**, benefits, and services: https://fallonhealth.org/en/find-insurance/navicare/About-NaviCare
- For information on clinical practice guidelines: http://www.fchp.org/providers/criteria-policies-guidelines/navicare-clinical-initiatives.aspx

Fallon Health products:

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Summit ElderCare

https://fallonhealth.org/members

Summit ElderCare (SE), a Program of All-inclusive Care for the Elderly (PACE), provides comprehensive and coordinated services for adults frail enough to need nursing home level of care but prefer to remain living at home in the community.

Learn more about Summit Elder Care at www.summiteldercare.org

For over 25 years, Fallon Health has operated this program which is a national model of health care for adults 55 and older, residing in in Hampden County, Hampshire County, Middlesex County, Worcester County and parts of Berkshire County, Bristol County, Essex County, Franklin County, Norfolk County, and Suffolk County. The goal of Summit ElderCare is to provide the medical, insurance and social support systems to help frail seniors to remain at home in their community. It is a welcome alternative to a nursing home placement.

SE allows elders to maintain their independence while providing necessary support for both them and their caregivers.

SE offers the convenience and security of coordinated care. Most medical services are provided at the Summit ElderCare PACE Center by one team of clinical professionals who know participants' medical history. Participants do not have to be a member of Fallon Health to join. Any person age 55 and older who is able to live safely at home, who lives in the service area, and who is certified by the EOHHS's screening agent as meeting Medicaid nursing facility clinical criteria is eligible for SE.

An individualized care plan of services is developed and approved by the Interdisciplinary Team and may include:

- Primary medical and nursing care
  - Inpatient hospital services
  - Inpatient Skilled Nursing Facility and Nursing Facility Services
- Full prescription drug coverage including over-the-counter medications
- Medical supplies and equipment
- Physical, occupational, speech therapies
- Recreational therapies

- In-home care
- Summit ElderCare Day Center with a specialized unit for the memory- impaired
- Specialty care including podiatry, optometry, dental and audiology
- Round-trip transportation to the SE PACE center or contracted Adult Day Health Center and specialty appointments, when necessary
- Family caregiver support

The Summit ElderCare team includes:

- Primary care providers (physician, nurse practitioner or physician assistant)
- Nurses
- Home care coordinators
- Social workers
- Behavioral health specialists
- Health aides
- Rehabilitative therapists
- Recreational therapists
- Speech therapists
- Dieticians
- Transportation coordinators

Special features of Summit ElderCare
There are several unique features of our program:

1. ***Interdisciplinary team***
   Care is planned and provided by a team of geriatric specialists. The team includes a primary care provider who is either a physician, a nurse practitioner, or a physician assistant, a primary registered nurse, social worker, rehabilitation and recreation therapists, health aides and others who will assist participants. Each team member's special expertise is employed to assess the participant's health care needs and to call upon additional specialists, if necessary. Together, with the participant and caregivers, we create a plan of care. All the services the participants receive are coordinated and arranged by the team.

2. ***Authorization of care***
   The SE Interdisciplinary team must review, approve and authorize all care and services, **except emergency services and urgent care;** and any changes in the participant's care plan, whether adding, changing or discontinuing a service. They will ensure that the participant is receiving the most appropriate care. The participant will get to know each of the members of their team very well. The team works closely with the participant so he or she can be as healthy and independent as possible. The team will reassess the participant's needs at least every six months, but more frequently, if necessary.

3. ***Summit ElderCare centers***
   Participants receive most of their health care services at our Summit ElderCare centers located at:

   288 Grove Street, Worcester, MA

   108 Thompson Road, Webster, MA

   1081 Varnum Avenue, Lowell, MA

   55 Cinema Boulevard, Leominster, MA

   101 Wason Ave., Springfield, MA

   Summit ElderCare also contracts with other adult day programs in the community. We will work with the participant and his or her family to determine a schedule of attendance at the Summit ElderCare day center or any of our contracted facilities. Transportation to and from the day centers for medical care and adult day social programs is provided free of charge, when needed.

   The Interdisciplinary Team may authorize services to be provided in the participant's home, in a hospital or a nursing facility. We have contracts with physician specialists, (such as cardiologists, urologists, and orthopedists), with pharmacies, laboratories, and X-ray services, and with hospitals and nursing facilities.

   We offer access to care on a 24-hour basis, 365 days of the year via after hours on call.

4. ***Primary Care Providers***
   Summit ElderCare physicians, nurse practitioners, and physician assistants are solely responsible for the participant's health care.

5. ***Coordinated, comprehensive care***
   We have flexibility in providing care according to your needs. The interdisciplinary team will be able to determine the appropriate medical services for your care. In-home care will also be evaluated and provided by the team as determined by their assessment of your needs.

6. ***Services are provided exclusively through Summit ElderCare***
   The services offered by SE are available to participants because of a special agreement among Summit ElderCare, the Commonwealth of Massachusetts, MassHealth and the US Department of Health & Human Services, Centers for Medicare & Medicaid Services (CMS).

   Once a participant has enrolled in SE, they agree to receive services exclusively from the SE providers and the SE contracted providers. Otherwise, they may be fully and personally liable for the costs of unauthorized or out-of-SE program agreement services.

Therefore, the participant will no longer be able to obtain services from other physicians or medical providers under their previous coverage (e.g. original) Medicare and Medicaid providers without prior approval of the SE interdisciplinary team.

Advantages of enrolling in Summit ElderCare
Summit ElderCare was designed and developed specifically to maintain independence for adults 55 and over; the program offers comprehensive, coordinated medical, social and home support services through a single program. Because SE is a Program of All-inclusive Care for the Elderly (PACE) funded by the Center of Medicare and Medicaid Services, we are able to provide a full range of comprehensive medical, rehabilitative and financing arrangements with Medicare and Medicaid which allows us to provide flexible benefits and coordinated care. Most SE participants are Medicare- and Medicaid-eligible and pay no monthly cost for a fully-integrated program of Medicare and Medicaid benefits, including all prescriptions, rehabilitative services, and adult day social programs. Some participants pay a monthly share of cost for SE services.

Other advantages include:

- SE has operated in Massachusetts since the mid-1990's and is sponsored by Fallon Health
- Care is provided by dedicated on-site geriatric health care professionals
- Comprehensive medical and Part D prescription coverage
- In-home support services
- Coordinated care 24 hours a day, 365 days a year
- Support for family caregivers
- Individualized care planning

Benefits and coverage
The following benefits are fully covered when approved by the Interdisciplinary Team and when provided by SE's providers or contractors at the SE PACE center or in contracted facilities.

Approval is not required for emergencies. Urgent care is covered and may be pre-approved or is deemed approved if SE does not respond to a request for approval within one hour of being contacted or cannot be contacted.

1. ***Outpatient health services***
    a. Adult day health care
    b. Primary care, including consultation, routine care, preventive health care and physical examinations
    c. Medical specialty services including, but not limited to, services such as cardiology, gastroenterology, oncology, urology, rheumatology and dermatology, dental, audiology, podiatry, optometry
    d. Nursing care

2. ***Personal care and supportive services***
    a. Social services
    b. Physical, occupational and speech therapies
    c. Recreational therapy
    d. Nutrition counseling and education
    e. Laboratory tests, X-rays and other diagnostic procedures
    f. Prescription drugs
    g. Prostheses and durable medical equipment **when determined medically necessary by the Interdisciplinary Team.**
    h. Podiatry
    i. Vision care, including examinations, treatment and corrective devices such as eyeglasses
    j. Dental care (as defined in number 8 below)
    k. Psychiatry, including evaluation, consultation, diagnostic and treatment service
    l. Audiology evaluation, hearing aids, repairs and maintenance

3. **Hospital inpatient care**
    a. Ambulance
    b. Emergency room care and treatment room services
    c. Semi-private room and board, as available
    d. General medical and nursing services
    e. Medical, surgical, intensive care and coronary care unit, as necessary
    f. Laboratory tests. x-rays and other diagnostic procedures
    g. Other diagnostic procedures
    h. Drugs and biologicals
    i. Blood and blood derivatives
    j. Surgical care, including anesthesia
    k. Use of oxygen
    l. Physical, speech, occupational, respiratory therapies
    m. Social services

4. ***Home health care***
    a. Skilled nursing services
    b. Provider visits
    c. Physical, speech and occupational therapies
    d. Social services
    e. Home health aide services
    f. Homemaker/chore services
    g. Home-delivered meals with special diets, when deemed medically necessary
    h. Personal Emergency Response System
    i. Medical supplies

5. ***Skilled nursing facility/nursing facility care***

6. ***End of life services***
    End of life services are provided in a hospital, nursing facility, adult day health center, at home or on an outpatient basis.

7. ***Health-related services***
   Health-related services may include transportation, homemaker/chore services, home delivered meals, translation services.
8. ***Dental care***
   Our priority for dental care is to treat pain and acute infection. Our second priority is to maintain dental functioning so that participants can chew as well as possible. The dentist and the Interdisciplinary Team provide dental care according to the need and appropriateness as determined. Participants will receive an initial dental assessment and exam. After that, participants will have a yearly oral exam by the primary care provider and appropriate dental follow up visit as deemed necessary and appropriate by the PACE care team. Dental procedures that are considered aesthetic are not covered unless deemed medically necessary for reducing pain or maintaining proper nutrition (i.e., crowns, implants, veneers, etc.)
9. ***Interdisciplinary assessment and Care plan***
   All participants receive an initial comprehensive assessment and care plan at the time of enrollment. All participants are reassessed on a semi-annual basis or more often if a participant's condition requires it. The care plan is revised and updated at the time of the reassessment.

   The SE staff provides all primary care services through the PACE center and the in-home service program. SE has available a number of specialists and health care facilities for specialty care. Whenever the interdisciplinary team determines that participants need these services, they will make arrangements to provide that care. A list of the major contracted providers and facilities is available at the Summit ElderCare Center and will be provided to participants upon request.

Eligibility
Enrollees must be:

- At least 55 years of age.
- Capable of safely residing in the community setting without jeopardizing their health and safety.
- Living in the SE service area
- Certified by the screening agent of the MassHealth program that they have met the level of care required for coverage of nursing facility services.

Enrollment and effective dates of coverage
Enrolling in Summit ElderCare is a five-step process:

1. Initial Intake/Home Visit
2. Intake Assessment
3. Enrollment
4. Final Approval
5. Continuation of Enrollment

Benefits coverage officially begins on the first day of the month after participants sign the Enrollment Agreement.

1. ***Initial take/Home Visit***
   The home visit process begins when the applicant or someone on his or her behalf makes a call to SE. A SE representative will call you and provide a comprehensive overview of the program:
   - **a.** How SE works
   - **b.** The kinds of services it offers
   - **c.** The answers to any questions applicant may have about us
   - **d.** That when applicant enrolls he or she must agree to receive all his is her our medical and health care exclusively from the SE, except for emergency services
   - **e.** Applicant's monthly payment, if any

   After this overview, if the applicant is interested in enrolling in SE, we will arrange for a home visit by a member of our enrollment team (nurses). The enrollment staff member contacts the applicant within two business days of receiving the referral to obtain information on the applicant's needs and schedules a home visit.

   At the **home visit**, the enrollment coordinator:

   - Completes the Intake Sheet and Home Services form
   - Obtains Consent for Release of Medical Records to SE and financial information.
   - Determines the need for a Medicaid application.
   - The Enrollment Coordinator completes the Minimum Data Set (MDS), or leveling form and the MassHealth Request for Services pages. 1-2.

The **leveling assessment** documentation is entered into the State Virtual Gateway for review by MassHealth for clinical eligibility. MassHealth will notify SE of an acceptance or denial.

Upon **acceptance** by MassHealth the SE scheduler a) requests the applicant's medical record; b) schedules an in-home intake visit for the applicant and caregivers, as soon as possible; c) forwards a copy of the Enrollment Process forms to the appropriate SE team members (i.e., Social Worker and RN)

2. ***Intake assessment***
   During the intake assessment process, the team will assess whether Summit ElderCare can meet the applicant's medical, nursing, psychological and social needs.

   Within a few days, our team will have evaluated the applicant's situation. The team then will meet to share their findings and ideas for the applicant's care. At this meeting, they will decide whether the applicant meets the criteria for admission into the program, that is, whether the applicant's problems and needs appear to meet the MassHealth criteria for nursing facility level-of-care and whether you are found to be able to remain safely in your home or in the community.

A prospective participant may be denied enrollment because the team assesses that remaining in their home and or the community would jeopardize the individual's health and safety. In such cases, Summit ElderCare Interdisciplinary team **will provide written notification** (with prior approval by the State) to the prospect explaining the reason(s) for the denial and refer the individual to appropriate alternative services. **If you are denied enrollment, you have the right to appeal to MassHealth, Medicare or both.**

3. ***Enrollment***
   If the applicant has found his or her interactions with the SE team and visit to the center satisfactory and if the team believes that he or she is eligible, the applicant and his or her family will be invited to meet with the Social Worker. At that time, the Social Worker and a RN will review a Service Agreement outlining his or her participation and the service package being offered by Summit Eldercare before signing the Enrollment Agreement**.** At this meeting the applicant and his or her family member(s) will have an opportunity to discuss:
   - **a.** Their input into the plan of care recommended by the team
   - **b.** Ask questions about the monthly payment, if any
   - **c.** The nature of the partnership between the caregiver(s) and Summit ElderCare

   If the applicant decides to join Summit ElderCare, he or she will sign the Enrollment Agreement. Upon signing, the applicant will receive an Enrollment Packet that includes:
   - **a.** A copy of the Enrollment Agreement Form
   - **b.** The SE Enrollment Agreement
   - **c.** SE membership card
   - **d.** Stickers for enrollee's Medicare and Medicaid cards that identify him or her as SE participant
   - **e.** Emergency contact information to post on enrollee's refrigerator or by the phone

Summit ElderCare quality management
Summit ElderCare, maintains, evaluates, and implements an ongoing effective, data-driven Quality Improvement Program.

Summit ElderCare's quality program goal is to ensure that quality care is provided to all program participants. The quality program systematically designs, measures, monitors, evaluates and improves the performance of its PACE program.

Quality Improvement Program
The outcome-based quality management system reflects the scope of services provided by the PACE program and identifies opportunities for improvement by monitoring appropriate indicators, outcome measurements and the evaluation of the effectiveness of the program by site and overall.

The written Quality Improvement Program define the objectives, scope, structure, committees, and functions of the SE program. It is reviewed and updated annually and presented to the Fallon Health Board of Directors for approval.

Grievances
All staff of SE share responsibility for assuring that participants and caregivers are satisfied with the care the participant receives. Participants and caregivers are encouraged to express any grievances at the time and place any dissatisfaction occurs.

Participants are provided with information regarding the grievance process and appeal rights upon enrollment, annually and when a service denial or concern is raised.

Costs
Some participants may have a monthly share of cost or premium based on income. Summit ElderCare is covered by Medicare and Medicaid (MassHealth) for eligible individuals and is also available on a private pay basis. Many participants qualify for zero monthly cost share or zero premium based on income. In addition, all SE covered services are provided with no co-payments or out-of-pocket expense for program participants. Medicare beneficiaries not on Medicaid must continue to pay their Part B premium after enrollment in SE, along with the monthly premium. Participants in SE pay no additional co-payments or deductible for covered services.

Your rights as a Summit ElderCare (SE) participant
The rights of the individual to respect and nondiscrimination are fundamental to the basic philosophy of the Program of All-Inclusive Care for the Elderly (PACE) program. Within this context, as a participant in a federally qualified PACE program, according to Federal PACE Regulations §460.112, you have certain rights and protections.

You have the right to be treated with respect.
You have the right to be treated with dignity and respect at all times by all SE employees and contractors, to have all of your care kept private and confidential, and to get compassionate, considerate care. You have the right:

- To get all of your health care in a safe, clean environment and in an accessible manner.
- To be free from harm. This includes excessive medication, physical or mental abuse, neglect, physical punishment, being placed by yourself against your will, and any physical or chemical restraint that is used on you for discipline or convenience of staff and that you do not need to treat your medical symptoms.
- To be encouraged and helped to use your rights in the SE PACE program.
- To get help, if you need it, to use the Medicare and Medicaid complaint (grievance) and appeal processes, and your civil and other legal rights.
- To be encouraged and helped in talking to staff about changes in policy and services you think should be made.
- To use a telephone while at the SE PACE Center.
- To not have to do work or services for the SE PACE program.

You have a right to protection against discrimination.
Discrimination is against the law. Every company or agency that works with Medicare and Medicaid must obey this law. They cannot discriminate against you because of:

- Race
- Ethnic origin
- National origin
- Religion
- Age

- Sex
- Sexual Orientation
- Mental or physical ability
- Source of payment for your health care (for example, Medicare or Medicaid)

If you think you have been discriminated against for any of these reasons, contact a staff member at the SE center to help you resolve your problem.

If you have any questions, you can call the Office for Civil Rights at 1-800-368-1019. TTY users should call 1-800-537-7697.

You have a right to information and assistance.
You have the right to get accurate, easy-to-understand information and to have someone help you make informed health care decisions. You have the right:

- To have someone help you if you have a language or communication barrier so you can understand all information given to you.
- To have the staff or a translation service interpret the information into your preferred language in a culturally competent manner, if your first language is not English and you can't speak English well enough to understand the information being given to you.
- To get marketing materials and participant rights in English and in any other frequently used language in your community. You can also get these materials in Braille or large print, if necessary.
- To have the enrollment agreement fully explained to you in a manner understood by you.
- To get a written copy of your rights from the SE program. The program must also post these rights in a public place in the SE center where it is easy to see them.
- To be fully informed, in writing, of the services offered by the SE program. This includes telling you which services are provided by contractors instead of the staff. You must be given this information before you join, at the time you join, and when you need to make a choice about what services to receive.
- To be provided with a copy of individuals who provide care-related services not provided directly by Summit ElderCare upon request.
- To look at, or get help to look at, the results of the most recent review of your SE program. Federal and state agencies review all PACE programs. You also have a right to review how the SE program plans to correct any problems that are found at inspection

You have a right to a choice of providers.
You have the right to choose a health care provider, including your primary care provider and specialists from within SE's network and to get quality health care. Women have the right to get services from a qualified women's health care specialist for routine or preventive women's health care services. You have the right to have reasonable and timely access to specialists as indicated by your health condition. You also have the right to receive care across all care settings, up to and including placement in a long-term care facility when the PACE organization can no longer maintain you safely in the community.

You have a right to access emergency services.
You have the right to get emergency services when and where you need them without the SE program's approval. A medical emergency is when you think your health is in serious danger—when every second counts. You may have a bad injury, sudden illness or an illness quickly getting much worse.

You can get emergency care anywhere in the United States and you do not need to get permission from Summit ElderCare prior to seeking emergency services.

You have a right to participate in treatment decisions.
You have the right to fully participate in all decisions related to your health care. If you cannot fully participate in your treatment decisions or you want to have someone you trust help you, you have the right to choose that person to act on your behalf. You have the right:

- To have all treatment options explained to you in a language you understand, to be fully informed of your health status and how well you are doing, and to make health care decisions. This includes the right not to get treatment or take medications. If you choose not to get treatment, you must be told how this will affect your health.
- To have the SE program help you create an advance directive if you choose. An advance directive is a written document that says how you want medical decisions to be made in case you cannot speak for yourself. You should give it to the person who will carry out your instructions and make health care decisions for you.
- To participate in making and carrying out your plan of care. You can ask for your plan of care to be reviewed at any time.
- To be given advance notice, in writing, of any plan to move you to another treatment setting and the reason you are being moved.

You have a right to have your health information kept private.
You have the right to talk with health care providers in private and to have your personal health care information kept private and confidential, including health data that is collected and kept electronically as protected under state and federal laws.

You have the right to look at and receive copies of your medical records and request amendments. You have the right to be assured that your written consent will be obtained for the release of information to persons not otherwise authorized under law to receive it.

You have the right to provide written consent that limits the degree of information and the persons to whom information may be given.

There is a patient privacy rule that gives you more access to your own medical records and more control over how your personal health information is used. If you have any questions about the Health Insurance Portability and Accountability Act (HIPAA) privacy rule, call the Office for Civil Rights at 1-800-368-1019. TTY users should call 1-800-537-7697.

You have a right to file a complaint (grievance), request additional services, or make an appeal
You have a right to complain about the services you receive or that you need and don't receive, the quality of your care, or any other concerns or problems you have with the SE program. You have the right to a fair and timely process for resolving concerns with SE. You have the right:

- To a full explanation of the complaint (grievance) process.
- To be encouraged and helped to freely explain your complaints/concerns to staff and outside representatives of your choice. You must not be harmed in any way for telling someone your concerns. This includes being punished, threatened, or discriminated against.
- You have the right to request services from the PACE organization that you believe are necessary.
- You have the right to a comprehensive and timely process for determining whether those services should be provided.

- To appeal any treatment decision by the SE program, staff, or contractors.
- To contact 1-800-MEDICARE for information and assistance, including to make a complaint related to the quality of care or the delivery of a service.

You have a right to leave the program.
If, for any reason, you do not feel that the SE program is what you want, you have the right to leave the program at any time and have such disenrollment be effective the first day of the month following the date Summit ElderCare receives the participant's notice of voluntary disenrollment.

Additional help
If you have complaints about your SE program, think your rights have been violated, or want to talk with someone outside the SE program about your concerns, call 1-800-MEDICARE (1-800-633-4227), TTY users call 1-877-486-2048, to get the name and phone number of someone in your state administering agency. You can also get copies of a brochure from the Centers for Medicare & Medicaid Services (CMS) about PACE program rights.

You have the right to contact outside advocacy agencies to assist you in an appeal or grievance, including the Executive Office of Elder Affairs Community Ombudsman at 1-617-727-7750, Serving the Health Insurance Needs of Everyone (SHINE) at 1-800-243-4636 (TDD/TTY: 1-877-610-0241), or the Medicare Rights Center at 1-888-HMO-9050.

If you are a MassHealth/Medicaid beneficiary, you may also request a fair hearing. The request may be mailed to the Board of Hearings, Office of Medicaid, 100 Hancock St., 6th floor, Quincy, MA 02171, or you may fax your request to 1-617-847-1204.

If you are concerned about the quality of the care you have received, you have the right to file a complaint with the local Massachusetts Quality Improvement Organization (KEPRO) at 1-888-319-8452 (TTY: 1-855-843-4776).

You also have the right to contact the Office for Civil Rights at 1-800-368-1019 (TDD: 1-800-537-7697) if you have questions about your rights as an SE participant, or if you believe that your rights have been violated.