

Utilization Management Program

The Utilization Management standards NHP uses are to assure our members consistently receive high quality, appropriate medical care. To determine coverage, specific criteria is used to make Utilization Management decisions. This criteria is developed by physicians and meets the standards of national accreditation organizations. As new treatments and technologies become available, NHP updates its Utilization Management standards annually.

To make utilization decisions, NHP conducts Prospective, Concurrent, and Retrospective reviews of the health care services our members use.

Prospective Review

Determines if a procedure or treatment either you or your doctor is requesting is both medically appropriate and medically necessary.

Concurrent Review

During the course of treatment, such as hospitalization, Concurrent review monitors the progress of treatment and determines for how long it will be deemed medically necessary.

Retrospective Review

After care has been provided, NHP reviews treatment outcomes to ensure that the health care services provided to you met certain quality standards.

Care Management

When members have a severe or chronic illness or condition, they may qualify for Care Management. NHP's care managers work one-on-one with members and their providers to find the most appropriate and cost-effective ways to manage a condition. Together, a treatment plan that best meets the member's needs is developed with the goal of promoting patient education, self-care, and providing access to the right kinds of health care services and options.

By completing the Health Needs Assessment that every new NHP member receives as part of their member kit, our care managers can identify any potential unmet needs that may benefit by care management assistance. Care managers then reach out to the member to see if they would be interested in joining one of our care management programs.

To learn more about Utilization Management or Care Management at NHP, please refer to your NHP Member Handbook or contact our Customer Care Center at 800-462-5449.

Exclusions

NHP does not cover the following services or supplies:
Acupuncture; Benefits From Other Sources; Biofeedback; Blood and Related Fees*
Chiropractic Care (except Care 20/75); Cosmetic Services and Procedures;
Custodial Care; Dentures; Diet Foods; Educational Testing and Evaluations; Exams Required by a Third Party; Experimental Services and Procedures; Eyewear/Laser Eyesight Correction;* Foot Care;* Gender Re-Assignment Surgery; Health Club Membership; ** Hearing Aids; Massage Therapy; Non-Covered Providers; Personal Comfort Items; Reversal of Voluntary Sterilization; Self-Monitoring Devices *
* except as specified in the NHP Member Handbook
** unless a specific discount or reimbursement for such memberships is identified as part of your plan

Confidentiality and Privacy of Information

NHP takes seriously, our obligation to protect your personal and health information. To help in maintaining your privacy, we have instituted the following practices:

- **NHP employees do not discuss your personal information in public areas such as the cafeteria, on elevators or when outside of the office.**
- **Electronic information is kept secure through the use of passwords, automatic screen savers and limiting access to only those employees with a "need to know."**
- **Written information is kept secure by storing it in locked file cabinets, enforcing "clean-desk" practices and using secured shredding bins for its destruction.**
- **All employees, as part of their initial orientation, receive training on our confidentiality and privacy practices.**
- **All providers and other entities with whom we need to share information are required to sign agreements in which they agree to maintain confidentiality.**
- **NHP only collects information about you that we need to have in order to provide you with the services you have agreed to receive by enrolling in NHP or as otherwise required by law.**

In accordance with state law, NHP takes special precautions to protect any information concerning mental health or substance abuse, HIV status, sexually transmitted diseases, pregnancy or termination of pregnancy.

Notice of Privacy Practices

This section describes how health information about you may be used and disclosed, and how you can get access to this information. Please review it carefully. Neighborhood Health Plan (NHP) provides health insurance coverage to you. Because you get health benefits from NHP, we have personal health information (PHI) about you. By law, NHP must protect the privacy of your health information.

This section explains:

- **When NHP may use and share your health information.**
- **What your rights are regarding your health information.**

NHP may use or share your health information:

- **When the U.S. Department of Health and Human Services needs it to make sure your privacy is protected.**
- **When required by law or a law enforcement agency.**
- **For payment activities, such as checking if you are eligible for health benefits, and paying your healthcare Providers for services you get.**
- **To operate programs, such as evaluating the quality of healthcare services you get, and performing studies to reduce healthcare costs.**
- **With your healthcare Providers to coordinate your treatment and the services you get.**
- **With health-oversight agencies, such as the federal Centers for Medicare and Medicaid Services, for oversight activities authorized by law, including fraud and abuse investigations.**
- **For research projects that meet privacy requirements, and help us evaluate or improve NHP programs.**
- **With government agencies that give you benefits or services.**
- **With plan sponsors of employer group health plans, but only if they agree to protect that information;**
- **To prevent or respond to an immediate and serious health or safety emergency.**
- **To remind you of appointments, benefits, treatment options or other health-related choices you have.**

When State privacy law is stricter than Federal privacy law, NHP will follow the stricter law. For example, Massachusetts state law requires NHP to get your written permission before sharing sensitive information such as HIV/AIDS or drug abuse.

Except as described above, NHP cannot use or share your health information with anyone without your written permission. You may cancel your permission at any time, as long as you tell us in writing. Please note: We cannot take back any health information we used or shared when we had your permission.

You have the right to:

- **See and get a copy of your health information. You must ask for this in writing. NHP may charge you to cover certain costs, such as copying and postage.**
- **Ask NHP to change your health information if you think it is wrong or incomplete. You must tell us in writing which health information you want us to change, and why.**
- **Ask NHP to limit its use or sharing of your health information. You must ask for this in writing. NHP may not be able to grant this request.**
- **Ask NHP to get in touch with you in some other way, if by contacting you at the address or telephone number we have on file, you believe you would be harmed.**
- **Get a list of when and with whom NHP has shared your health information. You must ask for this in writing.**
- **Get a paper copy of this notice at any time.**

These rights may not apply in certain situations. By law, NHP must give you notice explaining that we protect your health information, and that we must follow the terms of this notice.

NHP can change how we use and share your health information. If NHP does make important changes, we will send you a new notice. That new notice will apply to all of the health information that NHP has about you. NHP takes your privacy very seriously. If you would like to exercise any of the rights we describe in this notice, or if you feel that NHP has violated your privacy rights, contact NHP's Privacy Officer in writing at the following address:

Neighborhood Health Plan
Privacy Officer
253 Summer Street
Boston, MA 02210-1120

Filing a Complaint or exercising your rights will not affect your benefits. You may also file a Complaint with the U.S. Secretary of Health and Human Services at: The U.S. Department of Health and Human Services
200 Independence Avenue, SW Washington, DC 20201
Telephone: 202-619-0257 Toll Free: 877-696-6775

For more information, or if you need help understanding this notice, call NHP's Customer Care Center at 800-462-5449 or TTY 800-655-1761, Monday through Friday, 8:30 AM to 6:00 PM.

Business Choice Plans

Plans Available for 2008

Copayment Cross Reference

Neighborhood Health Plan

Neighborhood Health Plan

Business Choice - Available Plans for 2008

PLAN	Deductible	Coinsurance	Out-of-Pocket Maximum	Outpatient				Inpatient		Other Covered Services (6)		Pharmacy (7) (Generic/Preferred Brand/Non-Preferred Brand)		
				Office Visits (1)	Routine Eye / Hearing Exams	ER (waived if admitted)	Outpatient Surgery	Hospital Care (2)	MH / SA (3)	DME (4)	Dental (5)	Retail Prescriptions (up to 30-day supply)	Mail Order Prescriptions (up to 90-day supply) Access 90	Over-the-Counter Benefit
Business Choice Plans - available to New Clients in 2008														
NHP Care 5	\$0	\$0	\$0	\$5	\$5	\$35	\$0	\$0	\$0	\$0	\$0	\$5/\$15/\$35	\$10/\$30/\$105	\$0 - \$35
NHP Care 10	\$0	\$0	\$0	\$10	\$10	\$50	\$50	\$50/day, \$250 maximum per admission	\$0	\$0	\$0	\$10/\$20/\$35	\$20/\$40/\$105	\$0 - \$35
NHP Care 15	\$0	\$0	\$0	\$15	\$15	\$50	\$75	\$200 per admission, \$800 copay maximum PMPY	\$0	\$0	\$0	\$10/\$25/\$40	\$20/\$50/\$120	\$0 - \$40
NHP Care 20/75	\$0	\$0	\$0	\$20	\$20	\$75	\$150	\$250 per admission, \$1,000 copay maximum PMPY	\$0	\$0	\$0	\$10/\$25/\$40	\$20/\$50/\$120	\$0 - \$40
NHP Care 20/100	\$0	\$0	\$0	\$20	\$20	\$100	\$250	\$500 per admission, \$1,000 copay maximum PMPY	\$0	\$0	\$0	\$10/\$25/\$40	\$20/\$50/\$120	\$0 - \$40
NHP Care 25	\$0	\$0	\$0	\$25	\$25	\$100	\$500	\$1,000 per admission, \$2,000 copay maximum PMPY	\$0	\$0	\$0	\$10/\$25/\$40	\$20/\$50/\$120	\$0 - \$40
NHP Care 1000	\$1,000 Individual \$2,000 Family per calendar year	\$0	\$0	\$20	\$20	\$100	Subject to Deductible	Subject to Deductible	\$0	Subject to Deductible	\$0	\$100 Rx Deductible Individual, \$200 Rx Family \$10/\$25/\$40 after Deductible	\$100 Rx Deductible Individual, \$200 Rx Family \$20/\$50/\$120 after Deductible	\$0 - \$40
Business Choice Plans - includes new plans available July 1, 2008														
NHP CareOne - Version 2008	None	None	None	\$15/\$25	\$25	\$75	\$100	\$100 per admission	\$100 per admission	\$0	N/A	\$10/\$25/\$45	\$20/\$50/\$135	\$0 - \$45
NHP CareTwo Select	None	None	None	\$25	\$25	\$100	\$500	\$500/day; \$2,000 CY max	\$0	\$0	\$0	\$15 Generics; 50% coins. Brand	\$30 Generics; 50% coins. Brand	\$0 - 50% coins.
NHP CareTwo	None	None	None	\$25	\$25	\$100	\$500	\$500/day; \$2,000 CY max	\$0	\$0	N/A	\$15 Generics; 50% coins. Brand	\$30 Generics; 50% coins. Brand	\$0 - 50% coins.
NHP CareThree Select	\$2,000 Ind. \$4,000 Fam. Per CY	20%	\$5,000 Ind. \$10,000 Fam. Per CY	\$25	\$25	\$100 after deductible	Subject to Deductible then coins.	Subject to Deductible then coins.	\$0	\$0	\$0	\$100 Rx Deductible Ind., \$200 Rx Family, then \$15 copay Generics & 50% coins. Brand	\$100 Rx Deductible Ind. \$200 Rx Family, then \$30 copay Generics & 50% coins. Brand	\$0 - 50% coins.

All Business Choice plans include access to the Comprehensive Network, except for the Two Select and Three Select plans, which include access to the Select Network. The Comprehensive Network provides access to all NHP contracted providers. The Select Network includes a subset of NHP's full primary care network, and provides access to Community Health Centers, Harvard Vanguard Medical Associates, Lahey Clinic, Beth Israel Deaconess Medical Associates, and other contracted providers.

All NHP Business Choice plans listed above meet Minimum Creditable Coverage requirements for January 1, 2009

(1) Office Visit copays include services provided by Primary, Specialty and Urgent Care providers.

- Outpatient Physical and Occupational Therapy services for those enrolled in NHP CareThree are subject to the deductible and coinsurance; otherwise the same office visit copay applies.
- Office Visit Copays do not count toward OOP (Out-of-Pocket) Maximums.
- Non-biologically based outpatient MH limited to 25 visits maximum per member, per calendar year. Limits do not apply to Substance Abuse, biologically based MH or for other state mandated coverage.
- NHP Care One - Version 2008 is available July 1, 2008 to all new & renewing accounts. Benefits include dual office visit copays of \$15 for PCP's and \$25 for Specialists.

(2) Hospital care includes up to 60 days per calendar year in a Rehabilitation Facility, and up to 100 days per calendar year in a Skilled Nursing Facility.

(3) Non-biologically based inpatient MH covered in full up to 60 days per member, per calendar year. Limits do not apply to Substance Abuse, biologically based MH or other state mandated coverage.

(4) DME covered up to \$2,500 maximum per calendar year (preauthorization required).

(5) All Business Choice plans, except for NHP CareOne and NHP CareTwo include basic preventive Dental benefits for children, provided by Delta Dental (Premier). NHP Select plans include preventive dental benefits for adults, also provided by Delta Dental (PPO). Members should contact Delta Dental at (617) 886-1234 or www.deltamass.com for a directory of contracted providers. Coverage is excluded in NHP CareOne and NHP CareTwo. NHP also covers extraction of impacted or infected wisdom teeth (preauthorization is required.)

(6) NHP CareTwo Select and NHP CareThree Select plans include a Fitness Benefit of \$150 Reimbursement for adults, \$300 per family, maximum per year.

(7) NHP's Pharmacy benefit includes Access 90, which covers a 90 day supply of medication from participating retail pharmacies, including Walgreens, Brooks and Stop & Shop. Select over-the-counter medications (including cough, cold and allergy) are also covered with valid prescription, up to a 30 day supply. Copay may vary depending on drug prescribed.

(8) NHP Care 20/75 includes Chiropractic benefits of 10 visits, per member, per calendar year at an office visit copay amount of \$20 per visit. Covered services include the basic office visit, spinal manipulation, and radiology (if medically necessary). No authorizations or PCP referrals are required. Services are only covered when provided by a NHP contracted chiropractor.