

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; 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 out-side 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.

Commonwealth Choice Plans

Available July, 1, 2007

Copayment Cross Reference

Neighborhood Health Plan

Neighborhood Health Plan

Commonwealth Choice Plans available July 1, 2007

PLAN	Outpatient							Inpatient			Other Covered Services			Pharmacy (7) (Generic/Preferred Brand/Non-Preferred Brand)		
	Deductible	Coinsurance	Out-of-Pocket Maximum	Office Visits (1)	Routine Eye / Hearing Exams	ER (waived if admitted)	Outpatient Surgery	Hospital Care (2)	MH / SA (3)	DME (4)	Dental (5)	Fitness (6)	Retail Prescriptions (up to 30-day supply)	Mail Order Prescriptions (up to 90-day supply) Access 90	Over-the-Counter Benefit	
NHPOne	None	None	None	\$10	\$10	\$ 50	\$ 0	\$ 0	\$ 0	\$ 0	N/A	N/A	\$10/\$25/\$45	\$20/\$50/\$135	\$0 - \$45	
NHPTwo Select	None	None	None	\$25	\$25	\$100	\$500	\$500 day; \$2,000 Calendar Year maximum	\$0	\$0	\$0	Yes	\$15 Generics; 50% coinsurance	\$30 Generics; 50% coinsurance Brand	\$0 - 50% coinsurance	
NHPTwo	None	None	None	\$25	\$25	\$100	\$500	\$500/Day; \$2,000 Calendar Year maximum	\$0	\$0	N/A	N/A	\$15 Generics; 50% coinsurance Brand	\$30 Generics; 50% coinsurance Brand	\$0 - 50% coinsurance	
NHPThree Select	\$2,000 Individual \$4,000 Family Per Calendar Year	20%	\$5,000 Individual \$10,000 Family Per Calendar Year	\$25	\$25	\$100 after deductible	Subject to Deductible then coinsurance	Subject to Deductible then coinsurance	\$0	\$0	\$0	Yes	\$100 Rx Individual Deductible, \$200 Rx Family, then \$15 copay Generics & 50% coinsurance Brand	\$100 Rx Individual Deductible, \$200 Rx Family, then \$30 copay Generics & 50% coinsurance Brand	\$0 - 50% coinsurance	
NHPThree Select No Rx	\$2,000 Individual \$4,000 Family Per Calendar Year	20%	\$5,000 Individual \$10,000 Family Per Calendar Year	\$25	\$25	\$100 after deductible	Subject to Deductible then coinsurance	Subject to Deductible then coinsurance	\$0	\$0	\$0	Yes	Not covered	Not covered	Not covered	
NHPGreen Select 19 - 26 year old only	\$2,000 Individual Per Calendar Year	20%	\$5,000 Individual Per Calendar Year	\$25	\$25	\$100 after deductible	Subject to Deductible then coinsurance	Subject to Deductible then coinsurance	\$0	\$0	\$0	Yes	\$100 Rx Individual Deductible, then \$15 copay Generics & 50% coinsurance Brand	\$100 Rx Individual Deductible, then \$30 copay Generics & 50% coinsurance Brand	\$0 - 50% coinsurance	
NHPGreen Select No Rx 19 - 26 year old only	\$2,000 Individual Per Calendar Year	20%	\$5,000 Individual Per Calendar Year	\$25	\$25	\$100 after deductible	Subject to Deductible then coinsurance	Subject to Deductible then coinsurance	\$0	\$0	\$0	Yes	Not covered	Not covered	Not Covered	

NHPGreen Select and NHPGreen Select No Rx plans include Maximum Benefits of \$50,000 per Calendar Year, per individual. Benefit maximums do not apply to other Commonwealth Choice Plans.

Select plans include a subset of NHP's full primary care network. Select providers include NHP's network of Community Health Centers, Harvard Vanguard Medical Associates, Lahey Clinic, Beth Israel Deaconess Medical Associates and select other contracted providers. NHPOne and NHPTwo plans include all NHP contracted providers.

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

- Outpatient Physical and Occupational Therapy services for those enrolled in NHPThree and NHP Green plans are subject to the deductible and coinsurance; otherwise the same office visit copay applies.
- Office Visits 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.

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

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

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

(5) Dental benefit for NHPTwo Select, NHPThree Select and NHPGreen Select plans include basic preventive services provided through Delta Dental.

(6) Fitness benefit includes \$150 reimbursement per adult, \$300 per family, maximum per calendar year. NHPGreen Select and NHPGreen Select No Rx plans include \$150 maximum reimbursement.

(7) Access 90 includes 90 day Rx supply from participating retail pharmacies, including Walgreens, Brooks, and Stop & Shop.

Select over-the-counter medicines (including cough, cold and allergy) with valid prescription, up to a 30 day supply. Copay may vary depending on drug prescribed.