

connection

important information for fallon community health plan physicians and providers

november 2006

● every day affairs

keep us on track!

In an ongoing effort to improve provider service, Fallon Community Health Plan is asking for your input in our annual provider satisfaction survey. Please take a moment to complete the online survey at www.fchp.org/providers/secure/survey.aspx. If you respond to the survey by November 22, 2006, you will be entered into a drawing for one of two \$250 gift certificates to www.giftcertificates.com. ●

improving our referral process

Simplify! Simplify! That's what our providers tell us, and that's exactly what we're doing. Beginning January 1, 2007, the FCHP referral process will be much simpler for all involved. Bottom line: We'll no longer be in the middle.

Currently, PCPs have to submit a referral to FCHP prior to, or in time with, the date of service. In 2007, all PCPs will need to do is give the specialist physician their FCHP vendor ID number—and the specialist will include that number on the submitted claim. That will be our evidence of a referral. PCPs no longer need to contact us. They will work directly with the specialists to expedite services for their patients.

For information about our new approach and basic steps that you, as a provider, would need to take, please see the sidebar to this article on page 2 for a **training session** you can attend.

referral overview

- **HMOs:** Referrals for specialty care are required for our commercial HMO and Fallon Senior Plan® HMO members. However, FCHP Direct Care and FCHP Select Care members with a Fallon Clinic primary care provider don't need referrals for specialty services when provided by a Fallon Clinic specialist.
- **Point-of-Service (FCHP Flex Care)** members have the option of receiving care out-of-network without a referral.

- **PPO (Fallon Preferred Care)** members do not need a referral for specialty services.
- **Members may self-refer within product for the following services:**
 - OB/GYN visits
 - Annual preventive gynecological visit
 - Medically necessary evaluations and treatment
 - Obstetrical visits
 - Mammogram
 - Oral surgery (impacted teeth only)
 - Routine eye exams
 - Outpatient mental health/substance abuse

Please note: All services with out-of-product, tertiary, non-contracted and/or *Peace of Mind Program*™ providers or facilities **require a preauthorization** from FCHP. See additional information below.

pcp referral procedure

1. **The PCP refers the member to a specialist** within the member's product for medically necessary care. Contact the specialist by telephone, fax or mail, and provide the PCP's name, the FCHP provider number (vendor number), the reason for the referral and number of visits approved.

continued, page 2

2. **The specialist verifies the member's eligibility** through the FCHP online eligibility tool or a POS device, or by contacting FCHP Customer Service at 866-ASK-FCHP, press 1, Monday through Friday from 8:30 a.m. to 5:00 p.m.
3. **The specialist treats the member** according to the PCP's request and exchanges clinical information with the member's PCP.
4. **The specialist submits a claim to FCHP** with evidence of a referral (i.e., the PCP's FCHP vendor number) from the member's PCP. The following information should be entered on the CMS-1500 or electronic equivalent as evidence:
 - Box 17—enter referring provider/PCP's name
 - Box 17a—enter referring provider/PCP's FCHP vendor number

Failure to include complete referral information (the referring provider's name and vendor number) on the claims will result in a denial.

5. **PCP referrals will be accepted retroactively up to 120 days** from the date of service. Should an initial claim be rejected for lack

of a referral number (i.e., the PCP vendor number), the specialist has 120 days from the date of the RAS to resubmit a corrected claim with the provider vendor number. Please note that all corrected claims must be dropped to paper and marked "corrected claim." Corrected claims cannot be submitted electronically. In addition, providers may call 866-ASK-FCHP, press 1, and FCHP will accept the vendor number via the telephone within the 120-day period. A corrected claim won't be mandatory.

no referral/no specialist service?

If a member doesn't have a valid referral but visits a specialist for services that require a PCP referral, the specialist should contact the member's PCP to obtain a PCP referral. If the PCP does not approve the referral, the specialist should inform the member of his or her financial liability and ask the member to sign a waiver of liability.

If a specialist decides that a member needs a service that he/she can't provide, the specialist must consult with the member's PCP, who will initiate a new referral to the appropriate specialist.

training sessions offered

To ensure that you understand the new process and its implications for PCPs, specialists and their billing staffs, FCHP is offering detailed training sessions in November and December 2006. We hope you can join us to learn about the improved process.

All programs will be held from **9 a.m. to 10 a.m.**, with registration from 8:30 a.m. to 9:00 a.m. A **continental breakfast** will be served. The sessions are scheduled for the following dates and times. Please R.S.V.P. via e-mail at askfchp@fchp.org or by calling 508-368-9350, and indicate the session you'll be attending.

Date	City	Location
November 8	Leominster	Four Points Sheraton
November 9	Milford	Courtyard® by Marriott
November 14	Worcester	Beechwood Hotel
November 15	Danvers	Sheraton Ferncroft Resort
November 28	Springfield	Springfield Marriott
December 5	Woburn	Courtyard® by Marriott
December 6	Natick	Courtyard® by Marriott
December 12	Westford	Westford Regency Inn & Conference Center
December 15	Raynham	Courtyard® by Marriott
December 19	Pittsfield	Crowne Plaza Hotel

chiropractic referrals

1. For a referral to a participating chiropractor, the PCP should provide the member and/or the chiropractor with a **written prescription, including diagnosis**.
2. The chiropractor needs to **submit a copy of the prescription to American Specialty Health** when submitting the initial claim.

services requiring preauthorization

All services currently requiring preauthorization will continue to require preauthorization from FCHP. These include services with out-of-product, tertiary, noncontracted and/or *Peace of Mind Program*[™] providers or facilities. The following services require preauthorization for HMO and POS members.

- All elective inpatient admissions
- All services with out-of-product, tertiary, noncontracted and/or *Peace of Mind Program*[™] providers or facilities
- All unlisted CPT-4 and unspecified HCPCS codes
- Specified DME and prosthetics and orthotics
- Elective hospital/facility same-day surgery and ambulatory procedures identified on the procedure codes list
- Genetic testing
- Home health services
- Infertility/assisted reproductive technology
- Neuropsychological testing
- Nonemergent ambulance service
- Office-based procedures identified on the procedure codes list
- Oral surgery services and treatment
- Oxygen
- PET scans
- Plastic/reconstructive surgery and treatment
- Transplant evaluation

preauthorization procedure

The preauthorization procedure *does not change*. To contact our Care Services Department with questions related to preauthorization, please call 866-ASK-FCHP, press 3.

1. The requesting provider **submits a request** via the Online Referral Tool or completes the required sections of the request for authorization form, which will be available on www.fchp.org in January 2007.
2. If using the request for authorization form, it should be **faxed to Care Review** at 508-368-9700.
3. **FCHP will send a determination** to the requesting provider, PCP and member. The status will also be available via the Online Referral Tool.

4. Please note that **FCHP will not process retroactive plan preauthorizations**.
5. **PPO members are responsible for notifying FCHP** of certain procedures, or a penalty may be applied.

We hope you'll register for one of our referral training sessions. As always, if you have any questions, please contact Provider Relations at 866-ASK-FCHP, press 4. ●

fchp plans palliative care program

Surveys of adults in the Worcester area by the Central Massachusetts Partnership to Improve Care at the End of Life have shown that the health care community does a poor job meeting the needs of its patients—our members—in their final stages of life. Most adults want to die pain-free, at home and with their loved ones. The reality is:

- More than 75% die alone in hospitals, SNFs or nursing homes.
- More than 40% die in moderate or severe pain.
- Many frequently receive treatments at the end of life that they do not want.

Other studies have shown that an effective palliative care program can significantly improve patient and family satisfaction and ensure that a much higher percentage of patients die with their pain controlled. At the same time, physicians gain a much better understanding of how their patients can benefit from participation in a palliative care program.

FCHP is currently developing a palliative care program to support the delivery of palliative care consultations in acute hospitals and SNFs in the Worcester area.

Our goal in developing a palliative care program is to respond more effectively to Worcester's aging population, low hospice utilization and limited knowledge of palliative services. FCHP's program will have an educational focus, as we hope to help physicians and hospitals become more aware of palliative care principles and how to address the desires of patients.

Please look for more information in future issues of *Connection* about our implementation of this important program and how you'll be able to access palliative care consults. ●

● let's connect!

reporting fraud—correct number

We apologize for a one-digit error in the toll-free Compliance Hotline number we reported in the last issue of *Connection*. **The correct number is 888-203-5295.** Please make a note of it. If you suspect fraud or abuse, please call the hotline. FCHP is committed to detecting, investigating and resolving instances of error, fraud and abuse. Reducing fraud and abuse is essential to maintaining strong and affordable health care. ●

oh baby! survey prompts new vitamin process

FCHP recently completed a survey of members who have participated in our *Oh Baby!* program. While respondents to our survey were overwhelmingly satisfied with most of the program, several members stated that the existing process was cumbersome for obtaining free prenatal vitamins through mail order.

Our members who are expecting or planning to adopt a baby can sign up for *Oh Baby!** by calling our Customer Service Department at 800-868-5200 (TDD/TTY: 877-608-7677), Monday through Friday, 8 a.m. to 6 p.m. We offer them a free car seat, childcare book, prenatal vitamins and more.

As a result of the survey, members can now obtain their prenatal vitamins at FCHP-contracted retail pharmacies. Once enrolled in the program, members now will need a prescription from their doctor for one of the four prenatal vitamins covered under the program:

1. Stuart Prenatal NDC 06473179501
2. Prenavite NDC 00536406301
3. Prenatal NDC 00904531360
4. Prenatal S NDC 00182403901

Then the member can receive the three 90-day supplies of vitamins free of charge through either the retail or mail-order pharmacies. Members must be enrolled in the *Oh Baby!* program in order to receive this benefit. Prenatal vitamins are not a part of the standard formulary.

* *The Oh Baby! program is for members of FCHP Direct Care, FCHP Select Care, FCHP Flex Care Direct and FCHP Flex Care Select. Benefits and plan designs may vary by employer.* ●

masshealth update

MassHealth benefits were expanded July 1, 2006, to include additional dental and vision services. Get an overview of these as well as services covered by FCHP MassHealth—for which certain conditions and limitations may apply, as they may require prior approval. See *Connection* online. ⓘ

the ins and outs of our behavioral health network

Get “The Inside Scoop on Outside Authorizations” when sending your patients to providers at Beacon Health Strategies, FCHP’s behavioral health partner. Beacon has a licensed and credentialed network of providers for which it maintains clinical and quality oversight. Only in very particular circumstances do they approve out-of-network services. In these special instances, the nonparticipating provider must agree to a contract with Beacon or the request will not be approved. Learn more at *Connection* online. ⓘ

● script alert

formulary updates

Fallon Community Health Plan has made several changes to its formularies, including changing prior authorization requirements and adding new medications. Please see *Connection* online for the list of changes to our commercial plan and our Medicare Part D formularies. ⓘ

new medicare coding initiative

FCHP is pleased to announce a new endeavor with software vendor MMC 20/20, Inc., that will enable us to highlight opportunities for improved diagnostic coding and documentation associated with our Medicare beneficiaries.

MMC 20/20 is a full-service consulting and systems firm dedicated to the Medicare health plan industry. With MMC's RiskTraq™ product, we can target members who have experienced a change in their reported diagnostic profile within the most recent 12-month period. Our goal is to correspond with our Medicare providers twice per year to confirm patient conditions. This process will involve chart review as well as the documentation of any changes in diagnoses.

We are excited about this opportunity and will provide additional details in the coming months. We look forward to working with our Medicare partners as we embark on this project. ●

hla typing – correction

In the September *Connection*, we incorrectly indicated that HLA typing will require preauthorization, effective November 1, 2006. HLA typing does not require preauthorization. We apologize for any confusion or inconvenience this may have caused.

86812	HLA typing; A, B or C (e.g., A10, B7, B27), single antigen
86813	HLA typing; A, B or C, multiple antigens
86816	HLA typing; DR/DQ, single antigen
86817	HLA typing; DR/DQ, multiple antigens ●

code updates

Please note that as of January 1, 2007, the following codes will no longer be separately reimbursed.

CPT Code	Description
A4206	Syringe w/needle, sterile 1 cc, each
A4207	Syringe w/needle, sterile 2 cc, each
A4208	Syringe w/needle, sterile 3 cc, each
A4209	Syringe w/needle, sterile 5 cc, each
A4210	Needle-free injection device, each
A4211	Supplies, self-administered injections
A4213	Syringe, sterile, 20 cc/greater, each
A4215	Needles only, sterile, any size, each
A4220	Refill kit, implantable infusion pump
A4230	Infusion set, external insulin pump, non-needle
A4231	Infusion set, external insulin pump, needle
A4232	Syringe w/needle, external insulin pump, sterile
A4244	Alcohol or peroxide, per pint
A4245	Alcohol wipes, per box
A4246	Betadine/phisohex solution, per pint
A4247	Betadine/iodine swabs/wipes, per box
A4248	Chlorhexidine-containing antiseptic
A4270	Disposable endoscope sheath, each
A4332	Lubricant, individual sterile packet, each
A4483	Moisture exchanger, disposable, for invasive ventilation
A4550	Surgical trays

rotavirus vaccine – 90680

Fallon Community Health Plan now covers the rotavirus vaccine. The vaccine is administered orally to infants in a series of three doses. The first dose is administered between six and 12 weeks. Subsequent doses are administered at four- to 10-week intervals. All three doses of the vaccine should be administered by 32 weeks of age. If you have questions, please contact Provider Relations at 866-ASK-FCHP, press 4. ●

A4556	Electrodes, per pair
A4558	Conductive paste or gel
A4565	Slings
A4570	Splints
A4580	Cast supplies
A4590	Special casting material
A4608	Transtracheal oxygen catheter, each
A4615	Cannula, nasal
A4616	Tubing, per foot
A4617	Mouthpiece
A4618	Breathing circuits
A4620	Variable concentration mask
A4630	Replacement battery, TENS owned by patient
A4632	Replacement battery, external infusion pump type, each
A4651	Calibrated microcapillary tube, each
A4652	Microcapillary tube sealant
A4653	Peritoneal dialysis catheter anchor belt, each
A4657	Syringe with or without needle, each
A4660	Sphygmomanometer/blood pressure w/ cuff and stethoscope
A4663	Blood pressure cuff only
A4670	Automatic blood pressure monitor
A4671	Disposable cycler set used w/cycler dialysis
A4672	Drain external line, sterile, dialysis, each
A4673	External line w/easy lock connector, dialysis
A4674	Chemical/antiseptic cleaning solution 8 oz
A4680	Activated carbon filter, hemodialysis, each
A4690	Dialyzer, all types, sizes, hemodialysis, each
A4706	Bicarbonate concentrated solution, hemodialysis, gallon
A4707	Bicarbonate concentrated powder, hemodialysis, packet
A4708	Acetate concentrated solution, hemodialysis, per gallon
A4709	Acid concentrate, solution, hemodialysis, per gallon
A4714	Treated H ₂ O, peritoneal dialysis, gallon
A4719	Y set tubing, peritoneal dialysis

A4720	Dialysate solution > 249 but ≤ 999 cc, dialysis
A4721	Dialysate solution > 999 but ≤ 1999 cc, dialysis
A4722	Dialysate solution > 1999 but ≤ 2999 cc, dialysis
A4723	Dialysate FL 2999 but ≤3999 cc, dialysis
A4724	Dialysate FL 3999 but ≤4999 cc, dialysis
A4725	Dialysate FL 4999 but ≤5999 cc, dialysis
A4726	Dialysate dextrose fluid ≥ 5999 cc
A4728	Dialysate solution, no dextrose, 500 ml
A4730	Fistula cannulation set, hemodialysis, each
A4736	Topical anesthetic dialysis, per gm
A4737	Injection anesthetic dialysis, per 10 ml
A4740	Shunt access hemodialysis, any type, each
A4750	Blood tubing arterial or venous hemodialysis, each
A4755	Blood tubing, art/venous comb., hemodialysis, each
A4760	Dialysate solution test kit peritoneal dialysis, each
A4765	Dialysate powder peritoneal dialysis
A4766	Dialysate solution peritoneal dialysis 10 ml
A4770	Blood collection tube vacuum dialysis-50
A4771	Serum clot time tube dialysis 50
A4772	Blood glucose test strips dialysis per 50
A4773	Occult blood test strips dialysis-50
A4774	Ammonia test strips dialysis per 50
A4927	Gloves non-sterile per 100
A4928	Surgical mask per 20
A4929	Tourniquet for dialysis, each
A4930	Gloves sterile per pair
A4931	Oral thermometer reusable, any type, each
A4932	Rectal thermometer reusable type, each

Effective immediately, the following codes are covered.

A4284	Breast pump shield and splash protector replacement
A4913	Miscellaneous dialysis supplies, not otherwise classified

As of January 1, 2007, the following code will be covered for Summit ElderCare members only.

A9280	Alert or alarm device, not otherwise classified
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have you seen your
connection?

Please pass this along to
the next person on the list.

Date received _____

Please route to:

- Office manager
- Physician
- Billing department
- Receptionist
- Referral site
- Other

get connected

connection online • november 2006

Your online supplement to *Connection* at

www.fchp.org/providers/resources/connection.aspx contains:

- an important message about masshealth benefits
- the inside scoop on outside authorizations
- formulary updates
- annual icd-9-cm codes update

medical payment policies:

- *Annual code review policy*
- *Nurse midwife payment policy*
- *Observation status payment policy*
- *Infertility/Assisted reproductive technology (ART) services payment policy*
- *Inpatient medical review and payment policy*
- *Physician standby services policy* ●

Connection is a bimonthly publication for all FCHP ancillary and affiliated providers. The next copy deadline is **November 10, 2006**. Send information to Lisa Mancini Peare, Fallon Community Health Plan, 10 Chestnut St., Worcester, MA 01608.

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questions?
866-ASK-FCHP
(866-275-3247)

fallon senior plan 2007 update

It soon will be time for people who qualify for Medicare to consider their health care coverage options for 2007. Fallon Senior Plan™ will offer a choice of 11 Medicare Advantage health plans in 2007.

Fallon Senior Plan will continue to offer comprehensive benefits, such as inpatient hospital care and coverage for worldwide emergency care, routine physical exams and diagnostic tests.

Medicare beneficiaries who choose Fallon Senior Plan will receive **more benefits than traditional Medicare**, including health and wellness education, disease care services, dental care and chiropractic services, discounts on acupuncture and massage, the SilverSneakers® Fitness Program and Weight Watchers® at no additional cost beyond the monthly plan premium.

Fallon Senior Plan offers several **HMO plans** that differ in the amount of copayment a member will pay for services such as inpatient hospital care or a doctor's office visit. Members in our HMO plans must use doctors, specialists and hospitals in a defined network. We also offer a **PPO plan**, called Fallon Senior Plan Preferred Enhanced Rx, which allows members to go to doctors, specialists and hospitals in or out of the network. Higher costs may apply for out-of-network services.

prescription choices

Good news! Prescription drug copayments for Tier-1 drugs will **decrease** from \$8 in 2006 to \$3 in 2007.

Tier-2 and Tier-3 copayments are remaining the same at \$20 and \$40.

Depending on the plan type (Saver, Standard, Plus or Preferred), Fallon Senior Plan offers a choice of Medicare prescription drug coverage at three different levels:

- **Basic Rx**, the standard Medicare Part D prescription drug benefit that includes a \$265 deductible
- **Enhanced Rx**, the standard Medicare Part D prescription benefit without a deductible
- **New! Advanced Rx**. This option replaces Fallon Senior Plan Plus Enhanced Rx. This plan offers Medicare Part D prescription benefits without a deductible and provides coverage during the coverage gap for preferred generic drugs only, with members paying a \$3 copayment.

There is a \$3,850 maximum out-of-pocket limit before catastrophic coverage begins.

Please note: In 2007, we will not offer Fallon Senior Plan Preferred or Fallon Senior Plan Preferred Basic Rx.

fallon senior plan options in 2007 – monthly premiums

Name of plan	No Rx	Basic Rx	Enhanced Rx	Advanced Rx
Fallon Senior Plan Saver	\$0	\$27	\$47	n/a
Fallon Senior Plan Standard	\$55	\$84	\$102	n/a
Fallon Senior Plan Plus	\$99	\$128	n/a	\$159
Fallon Senior Plan Preferred	n/a	n/a	\$182	n/a

2007 fallon senior plan TM

Benefit	Fallon Senior Plan Saver	Fallon Senior Plan Standard	Fallon Senior Plan Plus	Fallon Senior Plan Preferred (PPO)
Doctor office visit	<ul style="list-style-type: none"> • \$15 for Medicare-covered services 	<ul style="list-style-type: none"> • \$15 for Medicare-covered services 	<ul style="list-style-type: none"> • \$10 for Medicare-covered services 	<ul style="list-style-type: none"> • You pay \$15 for each primary care doctor office visit for Medicare-covered services. • You pay 20% of the cost for out-of-network primary care doctor office visits.
Specialist visit	<ul style="list-style-type: none"> • \$20 for Medicare-covered services 	<ul style="list-style-type: none"> • \$15 for Medicare-covered services 	<ul style="list-style-type: none"> • \$10 for Medicare-covered services 	<ul style="list-style-type: none"> • You pay \$15 for each specialist visit for Medicare-covered services. • You pay 20% of the cost for out-of-network specialist visits.
Inpatient hospital care (acute, substance abuse and rehabilitation services)	<ul style="list-style-type: none"> • \$450 for each stay in a network hospital • \$0 for substance abuse services 	<ul style="list-style-type: none"> • \$250 for each stay in a network hospital • \$0 for substance abuse services 	<ul style="list-style-type: none"> • \$100 for each stay in a network hospital • \$0 for substance abuse services 	<ul style="list-style-type: none"> • You pay \$250 for each stay at a network hospital. • You pay \$0 for substance abuse services at a network hospital. • You pay 20% of the cost for each stay at an out-of-network hospital.
Cap on inpatient services (acute and rehab)	There is a \$1,350 maximum out-of-pocket limit every year.	There is a \$750 maximum out-of-pocket limit every year.	There is a \$300 maximum out-of-pocket limit every year.	There is a \$750 maximum out-of-pocket limit every year for in-network only.
Skilled nursing facility Covered for 100 days each benefit period.	<ul style="list-style-type: none"> • \$450 for each stay 	<ul style="list-style-type: none"> • \$250 for each stay 	<ul style="list-style-type: none"> • \$100 for each stay 	<ul style="list-style-type: none"> • You pay \$250 for each stay at a skilled nursing facility. • You pay 20% of the cost for services for at an out-of-network skilled nursing facility.
Cap on skilled nursing facility	There is a \$1,350 maximum out-of-pocket limit every year.	There is a \$750 maximum out-of-pocket limit every year.	There is a \$300 maximum out-of-pocket limit every year.	There is a \$750 maximum out-of-pocket limit every year for in-network only.
Inpatient mental health care Contact plan for details about benefits beyond 190 days.	<ul style="list-style-type: none"> • \$450 for each stay in a network hospital 	<ul style="list-style-type: none"> • \$250 for each stay in a network hospital 	<ul style="list-style-type: none"> • \$100 for each stay in a network hospital 	<ul style="list-style-type: none"> • You pay \$250 for each stay at a network hospital. • You pay 20% of the cost for each stay at an out-of-network hospital.
Cap on mental health care	There is a \$1,350 maximum out-of-pocket limit every year.	There is a \$750 maximum out-of-pocket limit every year.	There is a \$300 maximum out-of-pocket limit every year.	There is a \$750 maximum out-of-pocket limit every year for in-network only.

Benefit	Fallon Senior Plan Saver	Fallon Senior Plan Standard	Fallon Senior Plan Plus	Fallon Senior Plan Preferred (PPO)
Ambulance services	<ul style="list-style-type: none"> • \$50 for Medicare-covered ambulance services 	<ul style="list-style-type: none"> • \$50 for Medicare-covered ambulance services 	<ul style="list-style-type: none"> • \$50 for Medicare-covered ambulance services 	<ul style="list-style-type: none"> • You pay \$50 for Medicare-covered ambulance services. • You pay \$50 for out-of-network ambulance services.
Cap on ambulance services	There is a \$200 maximum out-of-pocket limit every year.	There is a \$200 maximum out-of-pocket limit every year.	There is a \$200 maximum out-of-pocket limit every year.	There is a \$200 maximum out-of-pocket limit every year.
Emergency care	<ul style="list-style-type: none"> • \$50 for each Medicare-covered emergency room visit; you do not pay this amount if you are admitted to the hospital within 72 hours for the same condition. • Worldwide coverage 	<ul style="list-style-type: none"> • \$50 for each Medicare-covered emergency room visit; you do not pay this amount if you are admitted to the hospital within 72 hours for the same condition. • Worldwide coverage 	<ul style="list-style-type: none"> • \$50 for each Medicare-covered emergency room visit; you do not pay this amount if you are admitted to the hospital within 72 hours for the same condition. • Worldwide coverage 	<ul style="list-style-type: none"> • You pay \$50 for each Medicare-covered emergency room visit; you do not pay this amount if you are admitted to the hospital within 72 hours for the same condition. • Worldwide coverage.
Diagnostic tests, X-rays and lab services \$50 copayment for CT, MRI and PET scans, and nuclear studies	<ul style="list-style-type: none"> • There is no copayment for the following Medicare-covered service(s): <ul style="list-style-type: none"> ⊙ Clinical/diagnostic lab services ⊙ Radiation therapy • You pay \$0 to \$50 for each Medicare-covered X-ray visit. 	<ul style="list-style-type: none"> • There is no copayment for the following Medicare-covered service(s): <ul style="list-style-type: none"> ⊙ Clinical/diagnostic lab services ⊙ Radiation therapy • You pay \$0 to \$50 for each Medicare-covered X-ray visit. 	<ul style="list-style-type: none"> • There is no copayment for the following Medicare-covered service(s): <ul style="list-style-type: none"> ⊙ Clinical/diagnostic lab services ⊙ Radiation therapy • You pay \$0 to \$50 for each Medicare-covered X-ray visit. 	<ul style="list-style-type: none"> • There is no copayment for the following Medicare-covered service(s): <ul style="list-style-type: none"> ⊙ Clinical/diagnostic lab services ⊙ Radiation therapy • You pay \$0 to \$50 for each Medicare-covered visit. • You pay 20% of the cost for each out-of-network clinical/diagnostic lab service, radiation therapy service, and X-ray.
Cap on X-ray services	There is a \$150 maximum out-of-pocket limit every year for Fallon Senior Plan Saver (without prescription) and Fallon Senior Plan Saver Enhanced Rx, and a \$350 maximum out-of-pocket limit for Fallon Senior Plan Basic Rx.	There is a \$150 maximum out-of-pocket limit every year.	There is a \$150 maximum out-of-pocket limit every year.	There is a \$150 maximum out-of-pocket limit every year for in-network only.

and one more choice

For individuals who are enrolled in both Medicare and Medicaid (or a Medicare Savings Program), we will continue to offer **Fallon Senior Plan Value**. This plan has a \$0 monthly plan premium and includes Medicare Part D prescription drug coverage.

outreach to your patients

Fallon Senior Plan members received a detailed explanation of the changes in their 2007 benefits during October 2006. FCHP is holding member education meetings throughout the Fallon Senior Plan service area.

if your patients have questions

Fallon Community Health Plan will be happy to help your patients understand their options. Please refer them to Fallon Senior Plan at 1-888-377-1980 (TDD/TTY: 1-877-608-7677). We are available seven days a week from 8 a.m. to 8 p.m.

SilverSneakers® is a registered trademark of HealthCare Dimensions Incorporated.

Weight Watchers® is a registered trademark of Weight Watchers International, Inc.

formulary notes

In 2007, FCHP will continue to have separate formularies for commercial and Medicare Advantage members. On our Web site, www.fchp.org, go to "Providers," then "Online drug formularies." Choose either "Fallon Senior Plan" or "All others."

Please check the FCHP Web site for a complete list of the tiers and management tools associated with each medication. Also note that formulary information for Fallon Senior Plan retiree group members can also be found on our Web site.

In 2007, all Fallon Senior Plan choices with the Medicare Part D benefit will cover the **benzodiazepine and barbiturate** therapeutic category drugs that are not normally covered under Medicare Part D. Members pay copayments for these drugs for the entire 2007 calendar year. Since these drugs are not covered under the Medicare Part D benefit, members who are receiving the federal low-income subsidy won't have their copayments reduced for these drugs.

