

# Connection

Important information for Fallon Community Health Plan physicians and providers

November 2008

## ● Every day affairs

### Your opinion matters

Our annual FCHP Provider Satisfaction Survey will be ready for you on our Web site from November 10 through December 12. FCHP is requesting your input in our ongoing effort to improve services. The online survey will be available at: [fchp.org/providers/secure/survey.aspx](http://fchp.org/providers/secure/survey.aspx).

Please respond by December 12—and you'll be eligible to **win one of two \$250 American Express® Gift Cheques.** ●

### Senior network expands to all of Hampden County

Fallon Community Health Plan is expanding its Fallon Senior Plan™ HMO network to include all of Hampden County. The county, located in Massachusetts' Pioneer Valley, includes Springfield, Chicopee, Holyoke, Westfield and Agawam, among other cities and towns.

Effective January 1, 2009, members enrolled in Fallon Senior Plan's Medicare Advantage HMO plans (Saver, Standard and Plus) will have access to a significant number of providers in Hampden County, including:

- Hampden County Physicians Associates
- RiverBend Medical Group
- Mercy Hospital
- Noble Hospital
- Holyoke Medical Center
- And a variety of other PCPs and specialists


Fallon Senior Plan now offers the same HMO benefits and plan designs in all of Hampden County as it does in our current service areas—and all premium, copayment and benefit changes listed in this *Connection's* Fallon Senior Plan 2009 update apply.

FCHP is committed to providing quality, affordable health care products to a broad population, and this service area expansion is one way in which we are achieving that goal.

Please see our 2009 update with this issue. For additional information, call our Provider Relations Department at 1-866-ASK-FCHP, option 4. ●

### CMS Medicare chart audits

The Centers for Medicare & Medicaid Services has expanded their review of medical records to include a far broader sample size for selected entities. By law, CMS must review the records of one-third of all Medicare Advantage Organizations for any given data collection period.

Fallon Community Health Plan has provided a list of common chart documentation concerns as noted by staff and independent auditors during targeted 2007 chart reviews. To review this list and for more details, please see the article in *Connection* online. 

## ● Let's connect!

### No more paper credentialing apps

Beginning January 1, 2009, the process of submitting paper credentialing applications to CAQH® will no longer be available for most users. **Existing CAQH users** may update credentialing information using the online method or they may call the CAQH support desk at 1-888-599-1771 for assistance. **New CAQH users** may submit credentialing information using the online method or they may submit paper applications; however, the mode of transportation will change. Paper applications may be submitted by facsimile transmission only to 1-866-293-0414.

*continued, page 2*

## Practice guideline related to pneumonia revised

FCHP's Clinical Practice Guideline Committee recently reviewed and updated the guideline for the *Treatment of Community Acquired Pneumonia in Adults*. Included in the revised version is the CURB-65, a clinical prediction rule that has been validated for predicting mortality in community-acquired pneumonia. The Infectious Disease Society of America and the American Thoracic Society developed a unified CAP guideline that serves as the clinical basis for the revisions.

The updated guideline can be found in the "Physicians and providers" section of our Web site at [fchp.org/Providers/Health\\_care\\_guidelines.htm](http://fchp.org/Providers/Health_care_guidelines.htm). For a paper copy, please call our Quality and Health Services Department at 1-508-368-9103. ●

## Reminder: Hold on to your Medicare records

Medicare audit and record retention regulations require that providers retain records for a minimum of 10 years. This rule broadly applies to the following types of documents: any books, contracts, medical records, patient care documentation and other records related to any aspect of services performed.

For more information on this topic, please see the "Medicare Audit and Record Retention" section of our online *Provider Manual*, located at [fchp.org/Providers/Provider\\_Manual.htm](http://fchp.org/Providers/Provider_Manual.htm). ●

## Addressing childhood obesity

Fallon Community Health Plan has launched a new initiative aimed at improving the health and wellness of children in Massachusetts. **Commit to Be Fit** is geared for students in kindergarten through grade 4. Materials and incentives developed for the program are educating and encouraging children and their families about how to live a healthier and more active lifestyle. In support of the initiative, FCHP also has collaborated with the Massachusetts School Nurse Organization to introduce a fun and educational walking program to schools throughout the Commonwealth. ●

## New fluoride varnish coverage for FCHP MassHealth members

Effective October 1, physicians and other qualified health care professionals\* now may apply fluoride varnish to eligible FCHP 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.

### Eligible members

Fluoride varnish application is primarily intended for children up to age 3, but is allowed for children up to age 21 in those instances where the member doesn't have access to a dentist. No more than one application every 180 days is recommended from first tooth eruption (usually at six months) to the third birthday. 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 FCHP with CDT code D1206 on the CMS 1500 form.

Please refer any FCHP MassHealth member who is without a dental provider to an appropriate dental service provider for ongoing preventive care. Please call us at the number below if you need assistance in locating a dental provider.

### Required training

We've approved the following training programs for providers who want to apply fluoride varnish to our eligible members. You may self-administer either the American Association of Pediatric Oral Health Group's online training on Cavity Risk Assessment at [aap.org/commpeds/dochs/oralhealth/cme](http://aap.org/commpeds/dochs/oralhealth/cme) or the Smile for Life program at [stfm.org/oralhealth](http://stfm.org/oralhealth). Providers must maintain proof of their completed training and provide FCHP with documentation upon request.

If you have any questions about this new MassHealth service, please contact FCHP Provider Relations at 1-866-ASK-FCHP, option 4.

\* *Qualified health care professionals include physicians, physician assistants, nurse practitioners, registered nurses and licensed practical nurses who complete the required training.* ●

## ● Billing bytes

### Billing for vaccines

#### Flu vaccine

Fallon Community Health Plan requires that CPT codes 90655, 90656, 90657 and 90658 be billed for the flu vaccine and HCPCS code G0008 for the administration. If administered on the same day as a physician service is performed, use CPT code 90471 to report the administration of the vaccine. FCHP does not require an invoice be submitted for the flu vaccine.

#### Pneumococcal vaccine

We require that CPT code 90732 be billed for the pneumococcal vaccine and HCPCS code G0009 for the administration. If administered on the same day as a physician service is performed, use CPT code 90471 to report the administration of the vaccine. FCHP does not require an invoice be submitted for the pneumococcal vaccine.

*Please note:*

- **If the vaccine is state-supplied**, claims should be submitted with the CPT code for the vaccine and the -SL modifier and a charge of \$0.00. The administration code and charge should be submitted.
- **If the vaccine is not available through the state**, the CPT code and the charge must be submitted. The administration code and the charge should also be submitted.
- **Members are not required to pay a copayment.** ●

### ID numbers

Since October, Emdeon™ Business Services now has an edit in place that rejects all claims sent to Emdeon without an ID number or with an incorrect ID number. Emdeon rejects the claim back to the originating provider with the following message: **"CLAIM CERT INVALID FOR THIS PAYOR"**.

Please note that providers should review their scrubber reports for any error messages. Also, please note that Fallon Community Health Plan member ID numbers are 13 numeric digits that begin with the number 8. ●

### Part D pharmacy claims

When a claim for Part D services is submitted to FCHP, the Part D pharmacy services will be processed with a line disposition of "Part D/ Submitted to Pharmacare". When this disposition is indicated on your remittance advice summary, the provider will receive payment for this service from Caremark. ●

## ● Coding corner

### V (status) codes

### Supplementary classification of factors influencing health status

V codes are for use in any health care setting. They may be used as either a principal diagnosis or a secondary diagnosis, depending on the circumstances of the encounter.

V codes indicate that a patient is either a carrier of a disease or has the sequelae or residual of a past disease or condition. This includes such things as the presence of prosthetic or mechanical devices resulting from past treatment. A status code is informative, because the status may affect the course of treatment and its outcome.

The following V codes should be submitted on a yearly basis when applicable:

V08	Asymptomatic HIV status
V5867	Long-term (current) use of insulin
V4611	Dependence on respirator
V44xx	Artificial opening status (tracheostomy, gastrostomy, colostomy)
V55x	Attention to artificial openings (tracheostomy, gastrostomy, colostomy)
V451	Renal dialysis
V42x	Organ or tissue replaced by transplant
V43x	Organ or tissue replaced by other means (artificial device)
V497x	Lower limb amputation status

In medical records, these V codes should be documented and coded according to clinical coding guidelines—that is, they are active conditions requiring treatment or attention, or they are conditions that influence medical decision-making. ●

## Code updates

Please note that, **effective immediately**, the following code *no longer requires plan preauthorization*.

J2505	Injection, pegfilgrastim, 6 mg
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Please note that, **effective January 1, 2009**, the following code is *not covered for all plan types*.

S9470	Nutritional counseling, dietitian visit
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Please note that, **effective January 1, 2009**, the following codes *will require plan preauthorization*.

C9242	Injection, fosaprepitant, 1 mg
G3001	Administration and supply of tositumomab, 450 mg
J1561	Injection, Immune Globulin, (Gamunex), intravenous, non-lyophilized (e.g., liquid), 500 mg
Q4097	Injection, Immune Globulin (Privigen), intravenous, non-lyophilized, 500 mg ●

## ● Script alert

### Acne products management at FCHP

There are many products that can be used to treat acne—and they vary a lot by type, how they're obtained and what they cost.

Some acne medicines can be bought over-the-counter; others require a prescription. Some products that are identical might be available both OTC and by prescription. One product might be taken orally (e.g., a tablet) while another is applied to the skin (ointment). The cost range is significant—acne products may cost \$20/month to \$500/month.

The Fallon Community Health Plan formulary includes many acne products—with and without restrictions. Two products with restrictions are Duac Topical Gel® and Benzaclin Gel®. They are actually combinations of two products: clindamycin 1% and benzoyl peroxide 5%. The FCHP formulary covers more than 14 clindamycin products and 25 benzoyl peroxide products.

### Costs of Duac and Benzaclin

The following are costs of the clindamycin products and benzoyl peroxide products both alone and in combination:

benzoyl peroxide 5% gel	45 g	\$ 15.00
clindamycin 1% gel	45 g	\$ 51.00
<b>Total</b>	<b>90 g</b>	<b>\$ 66.00</b>

Duac®	45 g	\$159.00
Duac Kit®	45 g	\$167.00
Benzaclin®	45 g	\$166.00

Due to these high costs, FCHP doesn't have Duac or Benzaclin Gel on preferred status. *We recommend that clindamycin and benzoyl peroxide be prescribed separately and then applied together, one after the other.* The effectiveness is the same whether using the combined product or each product separately at the same time. As the chart above illustrates, the money saved by using each product as a single agent is considerable. These savings help keep medical costs down and, ultimately, lower health care premiums. Also, using two Tier-1 products, rather than a single Tier-3 drug, is less expensive for your patients. ●

### Medication safety warnings

- **Tumor necrosis factor alpha blockers:** The U.S. Food and Drug Administration directed the manufacturers of four of the tumor necrosis factor alpha blockers that they must strengthen their existing drug label warnings about the risk of developing certain fungal infections. The products are Enbrel®, Humira®, Cimzia® and Remicade®.

Even though the prescribing information for these medications does contain information about the products, health care professionals are not consistently recognizing cases of histoplasmosis and other invasive fungal infections. The FDA has reviewed 240 reports of histoplasmosis in patients being treated with these medications. The infection wasn't recognized in at least 21 of the reports, and 12 of those patients died.

- **Naltrexone injectable (Vivitrol®):** Injection site reactions including cellulitis, induration, hematoma, abscess, sterile abscess and necrosis, which needed surgical intervention ranging from incision and drainage to surgical debridement, have been reported in 16

patients. The medication should be given in the buttocks only using the specially designed 1.5 inch needle that comes with the product.

- **Exenatide (Byetta®):** Six cases of hemorrhagic or necrotizing pancreatitis have been reported since October 2007. All six patients were hospitalized, and two of the patients died. If any pancreatitis is suspected, the medication should be discontinued. In addition to these cases, pharmaceutical manufacturers Lilly and Amylin also reported six more deaths in patients who had a history of pancreatitis.
- **ONTARGET™ Trial results:** The worldwide ONTARGET trial looked at 25,620 people ages 55 years and older with established atherosclerotic vascular disease or with diabetes with end-organ damage. Patients were randomized to receive either Altace®, Micardis® or the combination of the two.

The combination of the two drugs appears to reduce proteinuria as compared with monotherapy with each drug, but it worsens major renal outcomes. Dialysis, doubling of serum creatinine, changes in estimated glomerular filtration rate and progression of proteinuria (microalbuminuria and macroalbuminuria) were all elevated. Hypotension led 784 patients to discontinue the drug—406 in the combination group, 149 in the Altace group and 229 in the Micardis group.

*The conclusion of this study is that ACEs combined with ARBs should not be recommended for most patients.* ●



# Fallon Senior Plan™ 2009 update

On October 1, Fallon Community Health Plan began marketing its Fallon Senior Plan offerings for 2009. From November 15 to December 31, individuals wishing to make a change in how they get Medicare may do so—including joining Fallon Senior Plan or changing current health care coverage for a January 1, 2009, effective date.

Fallon Senior Plan is proud to announce that *existing members will see their premiums staying the same or going down for the first time in four years.* We'll continue to offer HMO and special needs plans with premiums as low as \$0. Fallon Senior Plan offers several HMO plans that differ in the amount of premium or 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. For January 1, Fallon Senior Plan will expand the HMO service area to include all of Hampden County. *See our network expansion article on page 1 for details.*

We're offering our plan PPO, called Senior Plan Preferred Enhanced Rx, *with a significant premium decrease in 2009.* Our PPO plan allows members to go to doctors, specialists and hospitals in or out of the network. Please note that members will see some increase in their cost-sharing. Higher costs may apply for out-of-network services.

Also for January 1, we're introducing a new U.S. travel benefit for members of Fallon Senior Plan HMO plans. When HMO members travel outside of the Northeastern states, they'll have unlimited coverage, and no required referrals or authorizations, for certain medical services they receive from a provider who accepts Medicare. *See the accompanying 2009 benefit chart for details.* This benefit will offer additional reassurance to our HMO members who, for example, travel to Florida during the winter. We continue to cover all our members for medical emergencies, urgently needed care, renal dialysis and care that has been approved in advance when they are outside our service area.

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

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

## 2009 Fallon Senior Plan monthly plan premiums

Fallon Senior Plan's no drug plans		Premium
Fallon Senior Plan Saver		\$0
Fallon Senior Plan Standard		\$72
Fallon Senior Plan Plus		\$132
Fallon Senior Plan's drug plans (Medicare Part D plans)		Premium
Fallon Senior Plan Saver Basic Rx ( w/deductible)		\$28
Fallon Senior Plan Saver Enhanced Rx		\$28
Fallon Senior Plan Standard Basic Rx ( w/deductible)		\$100
Fallon Senior Plan Standard Enhanced Rx		\$100
Fallon Senior Plan Plus Basic Rx ( w/deductible)		\$160
Fallon Senior Plan Plus Enhanced Rx		\$160
Fallon Senior Plan Preferred Enhanced Rx		\$120
Fallon Senior Plan's drug plans for people enrolled in both Medicare and Medicaid/ Medicare Savings Program that include Medicare Part D coverage		Premium
Fallon Senior Plan Value 1		\$0
Fallon Senior Plan Value 2		\$0

## 2009 Fallon Senior Plan medical benefits

Benefit	Fallon Senior Plan Saver plans	Fallon Senior Plan Standard plans	Fallon Senior Plan Plus plans	Fallon Senior Plan Preferred Enhanced Rx	Fallon Senior Plan Value 1	Fallon Senior Plan Value 2
Service area	Worcester and Hampden counties Portions of Franklin, Hampshire, Middlesex and Norfolk counties	Worcester and Hampden counties Portions of Franklin, Hampshire, Middlesex and Norfolk counties	Worcester and Hampden counties Portions of Franklin, Hampshire, Middlesex and Norfolk counties	Worcester County Portions of Hampden, Franklin, Hampshire, Middlesex and Norfolk counties	Worcester County Portions of Hampden, Franklin, Hampshire, Middlesex and Norfolk counties	Worcester County
Provider network	Fallon Senior Plan (HIMO)	Fallon Senior Plan (HIMO)	Fallon Senior Plan (HIMO)	Fallon Senior Plan (PPO)	Fallon Senior Plan Value 1	Fallon Senior Plan Value 2
Doctor office visits	\$15	\$15	\$10	<i>In-network:</i> \$20 <i>Out-of-network:</i> \$40	\$0 or \$5	\$0
Specialist visits	\$25	\$20	\$15	<i>In-network:</i> \$25 <i>Out-of-network:</i> \$40	\$0 or \$5	\$0
Inpatient hospital and mental health care For mental health care, contact plan for details about benefits beyond 190 days	\$175 for days 1-5 \$0 for substance abuse care	\$125 for days 1-5 \$0 for substance abuse care	\$100 for each stay Separate \$300 out-of-pocket maximums for acute, rehabilitation, and mental health stays \$0 for substance abuse care	<i>In-network:</i> \$125 for days 1-5 \$0 for substance abuse care <i>Out-of-network:</i> 20% of the cost for each stay \$0 for substance abuse care	\$0 or \$100 for days 1-3 \$0 for substance abuse care	\$0
Skilled nursing facility care	\$20 a day for days 1-20	\$20 a day for days 1-20	\$20 a day for days 1-20	<i>In-network:</i> \$20 a day for days 1-20 <i>Out-of-network:</i> 20% of the cost for each stay	\$0	\$0
Podiatry	\$15 for medically-necessary foot care visits	\$15 for medically-necessary foot care visits	\$10 for medically-necessary foot care visits	<i>In-network:</i> \$25 for medically-necessary foot care visits <i>Out-of-network:</i> \$40 for medically-necessary foot care visits	\$0 for medically-necessary foot care visits	\$0 for medically-necessary foot care visits \$0 for up to 6 routine visits every year
Same-day surgery	\$100 for each same-day surgical procedure	\$75 for each same-day surgical procedure	\$50 for each same-day surgical procedure	<i>In-network:</i> \$75 for each same-day surgical procedure <i>Out-of-network:</i> 20% of the cost for each same-day surgical procedure	\$0	\$0

Benefit	Fallon Senior Plan Saver plans	Fallon Senior Plan Standard plans	Fallon Senior Plan Plus plans	Fallon Senior Plan Preferred Enhanced Rx	Fallon Senior Plan Value 1	Fallon Senior Plan Value 2
Ambulance services	\$50 \$200 out-of-pocket maximum	\$50 \$200 out-of-pocket maximum	\$50 \$200 out-of-pocket maximum	<i>In-network and out-of-network:</i> \$50 \$200 out-of-pocket maximum	\$0 or \$50 \$200 out-of-pocket maximum	\$0
Emergency care	\$50 (waived if admitted to the hospital within 72 hours for same condition) Worldwide coverage	\$50 (waived if admitted to the hospital within 72 hours for same condition) Worldwide coverage	\$50 (waived if admitted to the hospital within 72 hours for same condition) Worldwide coverage	<i>In-network and out-of-network:</i> \$50 (waived if admitted to the hospital within 72 hours for same condition) Worldwide coverage	\$0 or \$50 (waived if admitted to the hospital within 72 hours for same condition) Worldwide coverage	\$0 Worldwide coverage
Diagnostic tests, X-rays, and lab services	\$0 for clinical/diagnostic lab services and radiation therapy \$50 for each CT, PET and MRI scans and nuclear study \$200 out-of-pocket maximum for Fallon Senior Plan Saver Basic Rx and Fallon Senior Plan Saver Enhanced Rx \$150 out-of-pocket maximum for Fallon Senior Plan Saver	\$0 for clinical/diagnostic lab services and radiation therapy \$50 for each CT, PET and MRI scans and nuclear study \$200 out-of-pocket maximum for Fallon Senior Plan Standard Basic Rx and Fallon Senior Plan Standard Enhanced Rx \$150 out-of-pocket maximum for Fallon Senior Plan Standard	\$0 for clinical/diagnostic lab services and radiation therapy \$50 for each CT, PET and MRI scans and nuclear study \$200 out-of-pocket maximum for Fallon Senior Plan Plus Basic Rx and Fallon Senior Plan Plus Enhanced Rx \$150 out-of-pocket maximum for Fallon Senior Plan Plus	<i>In-network:</i> \$0 for clinical/diagnostic lab services and radiation therapy \$50 for each CT, PET and MRI scans and nuclear study \$200 out-of-pocket maximum <i>Out-of-network:</i> \$0 for clinical/diagnostic lab services and radiation therapy 20% of the cost for each, CT, PET and MRI scans and nuclear study	\$0 for clinical/diagnostic lab services and radiation therapy \$0 or 50 for each CT, PET and MRI scans and nuclear study \$50 out-of-pocket maximum	\$0
Hearing services	In general, routine hearing exams and hearing aids not covered. \$15 to \$25 for diagnostic hearing exams	In general, routine hearing exams and hearing aids not covered. \$15 to \$20 for diagnostic hearing exams	In general, routine hearing exams and hearing aids not covered. \$10 to \$15 for diagnostic hearing exams	In general, routine hearing exams and hearing aids not covered. <i>In-network:</i> \$20 to \$25 for diagnostic hearing exams <i>Out-of-network:</i> \$40 for hearing exams	\$0 to \$10 for diagnostic hearing exams \$0 to \$10 for routine hearing tests \$0 to \$10 for hearing aid fitting evaluations \$1,000 limit for routine hearing aids every three years	In general, routine hearing exams and hearing aids not covered. \$0 for diagnostic hearing exams

Benefit	Fallon Senior Plan Saver plans	Fallon Senior Plan Standard plans	Fallon Senior Plan Plus plans	Fallon Senior Plan Preferred Enhanced Rx	Fallon Senior Plan Value 1	Fallon Senior Plan Value 2
U.S. travel program*	Doctor office visits (\$15 PCP and \$25 specialist) and diagnostic tests, X-rays, and lab services are covered for routine services for the above mentioned copayment.	Doctor office visits (\$15 PCP and \$20 specialist) and diagnostic tests, X-rays, and lab services are covered for routine services for the above mentioned copayment.	Doctor office visits (\$10 PCP and \$15 specialist) and diagnostic tests, X-rays, and lab services are covered for routine services for the above mentioned copayment.	n/a	n/a	n/a

\* There is unlimited coverage and no referrals or authorizations required for certain services received from a provider that accepts Medicare when the member travels in any state within the continental U.S. (including Hawaii and Alaska) except: Connecticut, District of Columbia, Delaware, Maine, Massachusetts, Maryland, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island and Vermont.

Doctor office visits are covered excluding preventive services (refer to the Evidence of Coverage for list), and the following:

- Chiropractic services
- Outpatient mental health care
- Outpatient substance abuse care
- Outpatient rehabilitation services
- Routine vision and hearing services

Diagnostic tests, X-rays, and lab services are covered for routine services. This excludes the following services:

- Diagnostic radiological services for nuclear studies, CAT scans, PET scans and MRIs
- Therapeutic radiological services

All other services, except emergency or urgently needed care, or out-of-area dialysis services, must be given or arranged by a network provider.

## 2009 Fallon Senior Plan prescription drug benefits

Beneficiaries can continue to choose between our two Rx options—Basic Rx and Enhanced Rx—or they can opt for a no Rx plan. The differences in coverage between Basic Rx and Enhanced Rx are that Enhanced Rx does not include an upfront \$295 deductible and offers higher copayments. (Part D coverage also is included in Fallon Senior Plan Value 1 and Fallon Senior Plan Value 2.)

Basic Rx plans		Enhanced Rx plans		No Rx plans	
Benefit	Covered Part D drugs	Not covered Part D drugs and covered Part B drugs	Covered Part D drugs	Not covered Part D drugs and covered Part B drugs	Covered Part B drugs
Deductible	\$295	n/a	\$0	n/a	n/a
Initial coverage	\$295 to \$2,700 For up to a 30-day supply: \$5 Tier 1 \$20 Tier 2 \$40 Tier 3	\$5 Tier 1 \$20 Tier 2 \$40 Tier 3	\$0 to \$2,700 For up to a 30-day supply: \$10 Tier 1 \$30 Tier 2 \$55 Tier 3	For up to a 30-day supply: \$10 Tier 1 \$30 Tier 2 \$55 Tier 3	\$5 Tier 1 \$20 Tier 2 \$40 Tier 3
Coverage gap	After the total yearly drug costs (paid by both member and Fallon Senior Plan) reach \$2,700, member pays 100% of prescription drug costs.	\$5 Tier 1 \$20 Tier 2 \$40 Tier 3	After the total yearly drug costs (paid by both member and Fallon Senior Plan) reach \$2,700, member pays 100% of prescription drug costs.	For up to a 30-day supply: \$10 Tier 1 \$30 Tier 2 \$55 Tier 3	\$5 Tier 1 \$20 Tier 2 \$40 Tier 3
Catastrophic coverage	After the yearly out-of-pocket drug costs reach \$4,350, they pay the greater of: \$2.40 for generic or a preferred brand drug and \$6.00 for all other drugs, or 5% coinsurance	\$5 Tier 1 \$20 Tier 2 \$40 Tier 3	After the yearly out-of-pocket drug costs reach \$4,350, they pay the greater of: \$2.40 for generic or a preferred brand drug and \$6.00 for all other drugs, or 5% coinsurance	For up to a 30-day supply: \$10 Tier 1 \$30 Tier 2 \$55 Tier 3	\$5 Tier 1 \$20 Tier 2 \$40 Tier 3
<b>Fallon Senior Plan Value 1</b>					
Benefit	Covered Part D drugs	Not covered Part D drugs and covered Part B drugs	Covered Part D drugs	Not covered Part D drugs	Covered Part B drugs
Deductible	\$0	n/a	\$0	n/a	n/a
Initial coverage	\$1.10 or \$2.40 or 15% coinsurance for generic drugs (including brand drugs treated as generic)	\$5 Tier 1 \$20 Tier 2 \$40 Tier 3	\$1.10 or \$2.40 or 15% coinsurance for generic drugs (including brand drugs treated as generic)	For up to a 30-day supply: \$5 Tier 1 \$20 Tier 2	\$0 Tier 1 \$0 Tier 2 \$0 Tier 3
Coverage gap	\$3.20 or \$6.00 or 15% coinsurance for brand name drugs	n/a	\$3.20 or \$6.00 or 15% coinsurance for brand name drugs	\$40 Tier 3	\$0 Tier 1 \$0 Tier 2 \$0 Tier 3
Catastrophic coverage	After the yearly out-of-pocket drug costs reach \$4,350, member pays \$0	\$5 Tier 1 \$20 Tier 2 \$40 Tier 3	After the yearly out-of-pocket drug costs reach \$4,350, member pays \$0	For up to a 30-day supply: \$5 Tier 1 \$20 Tier 2 \$40 Tier 3	\$0 Tier 1 \$0 Tier 2 \$0 Tier 3
<b>Fallon Senior Plan Value 2</b>					

## Outreach to your patients

In October 2008, Fallon Senior Plan members received in the mail a detailed explanation of the changes in their 2009 benefits. Fallon Community Health Plan is holding member education meetings throughout the Fallon Senior Plan service area at which members can speak directly with a Fallon Senior Plan representative.

## 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 1-800-868-5200 (TDD/TTY: 1-877-608-7677). We are available seven days a week from 8 a.m. to 8 p.m. For patients who are members of Fallon Senior Plan through their or their spouse's current/former employer, they should contact their benefits administrator to find out what their 2009 plan coverage and benefits are.

*SilverSneakers® is a registered trademark of Healthways.*

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

## Formulary notes

In 2009, Fallon Community Health Plan will continue to have separate formularies for commercial and Medicare Advantage members. Please see our Web site at [fchp.org/Providers/OnlineDrugFormulary.htm](http://fchp.org/Providers/OnlineDrugFormulary.htm) and then choose the name of the plan.

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 also can be found on our Web site.

In 2009, all Fallon Senior Plan choices with the Medicare Part D benefit will continue to cover benzodiazepine and barbiturate therapeutic category drugs, which are not normally covered under Medicare Part D. Members pay copayments for these drugs for the entire 2009 calendar year. Also, because these drugs are not normally covered by Medicare Part D, the amounts you pay when you fill a prescription for these drugs do not count toward your total drug costs. This means that the amount you pay does not help you qualify for catastrophic coverage. In addition, if you are receiving extra help from Medicare to pay for your prescriptions, you will not get any extra help from Medicare to pay for these drugs. ●

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 2008

Your online supplement to *Connection* at [fchp.org/Providers/Connection.htm](http://fchp.org/Providers/Connection.htm) contains:

- Common problems noted in CMS Medicare chart audits

#### Medical Payment Policies:

New

- *Hospice Payment Policy*
- *Never Events Payment Policy*
- *Non-Covered Services Payment Policy*

The following policies have been reviewed and changes are indicated on each policy:

- *Evaluation and Management Payment Policy*
- *Laboratory and Pathology Payment Policy*
- *Team Conferences and Telephone Services Payment Policy*
- *Vaccine Payment Policy*

*Connection* is a bimonthly publication for all FCHP ancillary and affiliated providers. The next copy deadline is **November 7, 2008**.

Send information to

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