

covered services list for fchp members with masshealth family assistance coverage

This is a list of covered services and benefits for MassHealth Family Assistance members enrolled in Fallon Community Health Plan (FCHP). All listed services and benefits are covered by FCHP, except for the services checked in the third column labeled MassHealth covered service.

You can also call FCHP Customer Service for more information about services and benefits or to ask questions. See the telephone number and hours of operation for FCHP Customer Service at the bottom of every page of this covered services list.

- For questions about behavioral-health services, please call 1-800-868-5200 or TTY: 1-877-609-7677 for people with partial or total hearing loss.
- For more information about pharmacy services, go to FCHP's drug list at www.fchp.org or call FCHP Customer Service at 1-800-868-5200.
- For questions about dental services, please call 1-800-207-5019.

A "Yes" in either the "Authorization Required for Some or All of the Services?" or the "Primary Care Physician (PCP) Referral Required for Some or All of the Services?" column means that prior authorization, or a PCP referral, or both are required for some or all of the services in the category. There is more information about authorizations and PCP referrals in your *Member Handbook*.

Please keep in mind that services and benefits change from time to time. This covered services list is for your general information only. Please call FCHP for the most up to date information.

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MassHealth regulations control the services and benefits available to you. To access MassHealth regulations:

- go to MassHealth’s Web site www.mass.gov/masshealth;
or
- call MassHealth Customer Service at 1-800-841-2900 (TTY: 1-800-497-4648 for people with partial or total hearing loss) Monday through Friday from 8:00 a.m. to 5:00 p.m.

MassHealth Family Assistance Covered Services for MCO Members	Authorization Required for Some or All of the Services?	Primary Care Physician (PCP) Referral Required for Some or All of the Services?	MassHealth Covered Services=[√] (Covered by MassHealth, not FCHP) All Other Services are covered by FCHP
Emergency Services			
Emergency Transportation Services	N	N	
Emergency Inpatient and Outpatient Services	N	N	
Medical Services			
Abortion Services	Y	N	
Acute Inpatient Hospital Services	Y	N	
Ambulatory Surgery Services	Y	N	
Audiologist (Hearing) Services	N	N	
Chiropractor Services	Y	N	

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Chronic Disease and Rehabilitation Inpatient Hospital Services ¹	Y	N	
Community Health Center Services For example: <ul style="list-style-type: none"> • office visits for primary care and specialists • OB/GYN and prenatal care • diabetes self-management training • medical nutritional therapy • tobacco cessation services 	N	N	
Dental Services			
<ul style="list-style-type: none"> • Emergency related dental care and oral surgery performed in an outpatient setting which is medically necessary to treat a 	N	N	

¹ You will be disenrolled from FCHP if you need more than 100 days of Chronic Disease and Rehabilitation Inpatient Hospital Services. When you are disenrolled from FCHP, you receive such services from MassHealth on a fee-for-service basis.

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medical condition			
All other dental services	Y	N	[√]
Dialysis Services	Y	N	
Durable Medical Equipment The purchase or rental of medical equipment, replacement parts, and repair for such items	Y	N	
Early Intervention Services	N	N	
Family Planning Services ²	N	N	
Hearing Aid Services	Y	N	
Home Health Services	Y	N	
Hospice Services ³	Y	N	
Laboratory Services	N	N	
Medical/Surgical Supplies ⁴	N	N	

² An FCHP member may obtain family planning services at any MassHealth family planning services provider, even if it is outside of FCHP's provider network.

³ A member can get hospice care from FCHP or MassHealth. If you choose to receive hospice care from MassHealth you will be disenrolled from FCHP.

⁴ Some restrictions may apply.

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Orthotic Services Braces (non-dental) and other mechanical or molded devices to support or correct any defect of form or function of the human body	Y	N	
Outpatient Hospital Services Services provided at an outpatient hospital, for example: <ul style="list-style-type: none"> • office visits for primary care and specialists OB/GYN and prenatal care • therapy services (physical, occupational and speech) • diabetes self-management training • medical nutritional therapy • tobacco cessation services 	N	N	
Oxygen & Respiratory Therapy Equipment	Y	N	

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Physician, Nurse Practitioner, and Nurse Midwife Services For example: <ul style="list-style-type: none"> • office visits for primary care and specialists • OB/GYN and prenatal care • diabetes self-management training • medical nutritional therapy • tobacco cessation services 	N	N	
Podiatrist Services (Foot Care)	Y	N	
Prosthetic Services	Y	N	
Radiology and Diagnostic Services For example: <ul style="list-style-type: none"> • X-Rays • magnetic resonance imagery (MRI) and other imaging studies 	Y	N	
Therapy Services For example: <ul style="list-style-type: none"> • occupational therapy • physical therapy • speech/language 	Y	N	

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therapy			
Transportation Services Non-emergency transportation by land ambulance or chair car in Massachusetts or within 50 miles of the Massachusetts border	Y	Y	√
Vision Care For example:			
• comprehensive eye exams	N	N	
• vision training	Y	N	
• eye glasses	Y	N	√
• contact lenses and other visual aids	Y	N	√
Wigs - as prescribed by a physician related to a medical condition	Y	N	
Pharmacy Services (Medications)			
Prescription Drugs	Y	N	
Over-the-Counter Medicines	N	N	
Behavioral-Health (Mental-Health and Substance-Abuse)			

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Services			
Diversionary Services, such as: <ul style="list-style-type: none"> • family stabilization teams • community support programs • community-based acute treatment for children and adolescents • partial hospitalization • certain substance-abuse programs 	Y	N	
Emergency Services (Inpatient and Outpatient)	N	N	
Emergency Services Program (ESP) Services, such as: <ul style="list-style-type: none"> • crisis screening • medication evaluation • short-term crisis counseling • crisis stabilization • special one-to-one service 	N	N	
Inpatient Services	Y	N	

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MassHealth Family Assistance Covered Services for MCO Members	Authorization Required for Some or All of the Services?	Primary Care Physician (PCP) Referral Required for Some or All of the Services?	MassHealth Covered Services= <input checked="" type="checkbox"/> (Covered by MassHealth, not FCHP) All Other Services are covered by FCHP
Outpatient Day Services, such as: <ul style="list-style-type: none"> • Structured Outpatient Addictions Program (SOAP) • Psychiatric Day • Treatment 	Y	N	
Outpatient Services, such as: <ul style="list-style-type: none"> • individual, group, and family counseling • medication visits • community crisis counseling • family and case consultations • collateral contacts for children under age 21 • diagnostic evaluations • psychological testing or special education psychological testing • narcotic-treatment services (including acupuncture) • electro-convulsive therapy 	Y	N	
Preventive Pediatric			

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Healthcare Screenings and Diagnostic Services			
Children who are under age 21 should go to their PCP for checkups even when they are well. As part of a well-child checkup, the PCP will perform screenings to find out if there are any health problems. These screenings include health, vision, dental, hearing, behavioral health, and others. More information about the schedule for checkups is in your Member Handbook under "Additional services for children."	N	N	

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In addition to regular check-ups, children should also visit their PCP any time there is a concern about their health. Children under age 21 are also entitled to get regular visits with a dental provider.	N	N	

Copayments:

Most members who are age 19 and older must pay the following copayments:

- \$3 for brand-name prescription drugs
- \$2 for generic prescription and over-the-counter drugs (generic and brand-name) for which you have a prescription from the doctor.
- \$1 for generic prescription and over-the-counter drugs (generic and brand-name) used to treat diabetes, hypertension and hyperlipidemia. These drugs are called antihyperglycemics (such as metformin), antihypertensives (such as propranolol), and antihyperlipidemics (such as simvastatin)
- This increase applies to both first-time prescriptions and refills

Members who do NOT have copayments:

These members do not have any copayments:

- members under age 19;
- members enrolled in MassHealth because they were in the care and custody of the Department of Social Services (DSS) (Note: Name changed to the Department of Children and Families (DCF)) when they turned 18, and their MassHealth coverage was continued;
- pregnant women, or women whose pregnancy ended less than 60 days ago (you must tell the pharmacist about your pregnancy);
- members who want family planning supplies (birth control); and members who are in hospice care.

Call FCHP Customer Service at 1-800-868-5200 (TTY: 1-877-608-7677 for people with partial or total hearing loss) for more information about copayment exceptions. FCHP will coordinate your MassHealth covered services.

masshealth excluded services for fchp members with masshealth family assistance coverage

Except where noted, the following services are not covered under MassHealth or by FCHP.

1. Cosmetic surgery. However, the following services are not cosmetic and will be provided when medically necessary:
 - correction or repair of damage following an injury or illness which occurred while a MassHealth member
 - mammoplasty following a mastectomy
 - any other medical necessity that FCHP determines
2. Diagnosis and treatment for infertility
3. Experimental treatments
4. Personal comfort items including air conditioners, radios, telephones and televisions
5. Services not otherwise covered by MassHealth, except as determined by FCHP to be medically necessary for MassHealth Family Assistance Coverage enrollees under age 21
6. A service or supply which is not provided by or at the direction of a FCHP network provider, except for:
 - Emergency services
 - Family planning services
 - Services provided to newborns during the period prior to notification of the newborn's enrollment by the Executive Office of Health and Human Services
7. Certain non-covered laboratory services