

Peace of Mind Program™ offers specialty choices

Our FCHP Direct Care and FCHP Select Care members* have access to a unique benefit, which we call the Peace of Mind Program. It provides these members with access to receive a second opinion and treatment for specialty services at one of five medical centers in Boston: Brigham and Women's Hospital, Dana-Farber Cancer Institute, Massachusetts General Hospital, Tufts Medical Center and Children's Hospital. There are no extra out-of-pocket costs for services received through the Peace of Mind Program.

Our new facts sheet explains the program in more detail. You can download it at fchp.org/Extranet/Plans/bonus-benefits.htm, or request a copy from your account manager by calling 1-800-333-2535. ■

* The Peace of Mind Program is not available for all FCHP members. Program eligibility and benefits may vary by employer, plan and product.

underutilized coverage we'll be able to shift our efforts and resources to other services that are more sought after by our customers.

If you have questions or particular concerns regarding this change, please call your FCHP account manager at 1-800-333-2535. ■

Brilliant at the basics

At Fallon Community Health Plan, our mission is *making our communities healthy*, and that includes giving members access to quality, affordable care. To do so, we have, over the past three decades, become brilliant at the basics.

We have a dedicated team of physicians, nurses, clinical pharmacists, medical social workers and behavioral health clinicians working together with providers in a variety of programs we've

continued on page 2

FCHP's new business system moving towards maximization

As you know, early this year we launched our new business application system (called QNXT), which will keep FCHP in step with the latest technology as business processes and health care regulatory requirements become ever more complex.

We continue to diligently work on moving this system from implementation to maximization. Our business system conversion has been a significant undertaking, and we thank you for your patience and understanding during the past months. The new system, once running at full capacity, will allow us to be more efficient, cost effective

and flexible in providing services to all of our customers as well as improve data accuracy and security.

We continue to put our full effort behind meeting and exceeding your customer service expectations. We believe you'll soon appreciate all the positives this new system has to offer. ■

Dental coverage no longer offered in 2011

Fallon Community Health Plan will no longer offer dental benefits and discounts for the entire family as part of our commercial products, effective upon anniversary dates beginning January 1, 2011.

This was a difficult business decision for us. However, by eliminating this

Inside this issue

- Prevailing charges now applied to out-of-network PPO costs
- In our corner
- New Massachusetts mandates
- National health care reform – what's new
- Business buzz: Solutions to manage premium costs
- Profile: Andre Gabryjelski
- FCHP ranks as one of America's top 10 health plans

"Your legacy should be that you made it better than it was when you got it."

– Lee Iacocca

Basics *continued from page 1*

developed to support our members at every stage of health—from being well or at-risk, to experiencing acute, chronic or complex conditions.

Here is a glimpse at our some of our wellness resources for your FCHP-member employees. You may be familiar with **Wellness Works**, our customized program for employers, including on-site classes, seminars and other tools targeting common health concerns. We're also proud of our **Quit to Win** tobacco treatment program, which has a success rate that is double industry standards.

Of course, our **It Fits!** program, which reimburses up to \$400 family/\$200 individuals for many fitness activities, is very popular. Our **Naturally Well** program offers members discounts on acupuncture, chiropractic care and massage therapy, and our **Oh Baby!** program for new and expecting parents provides a free car seat, home safety kit, prenatal vitamins and reimbursement for childbirth classes.

We also reach out to members with a variety of **screening and care reminders** (e.g., cancer screenings and childhood immunizations). Plus, our members have access to many resources, such as **Healthwise® Knowledgebase**, a free online tool with information about illnesses, conditions and ways to stay healthy; **Nurse Connect**, a 24/7 health call line and online coaching tool; **Personal Wellness Profile™**, an online health and lifestyle assessment; and **Healthy Communities**, our member guide to health and benefits published three times a year.

In future issues of *Employer Edge*, we'll review our many services for members who have acute or long-term health issues. If you'd like more details about our care services for members, please contact your account manager at 1-800-333-2535. ■

Prevailing charges now applied to out-of-network PPO costs

To aid in containing costs for our PPO product, Fallon Community Health Plan recently reviewed its PPO payment policy for out-of-network (nonparticipating) providers and implemented the industry standard of calculating claims and cost-sharing on allowed, or prevailing, charges as described in our member materials. This approach, begun September 1, applies to existing PPO clients and new sales.

Our application of a prevailing charges fee schedule (aka, the usual, customary and reasonable charge) will affect only a small percentage of Fallon Preferred

Care (PPO) members. Most members choose the Fallon Preferred Care network, which gives them access to more than 600,000 participating (in-network) providers.

Our PPO members may choose where they receive medical services. If members choose to receive covered services out-of-network, they may need to submit a claim and, in most cases will pay 20% of the prevailing charge after their deductible is met. In addition, if the provider's billed charge is more than the prevailing charge, the member will be responsible for the difference.

The prevailing charge applies to the costs of professional and outpatient services, but not to inpatient or emergency room services.

If you have questions, please feel free to call your account manager at 1-800-333-2535. ■

In our corner *Making our communities healthy*

- FCHP is a presenting sponsor of the **2010 New England Business Expo** to be held at the DCU Center in Worcester on Thursday, October 28. We also are separately sponsoring the event's Breakfast Club. FCHP will be among the more than 140 area businesses on hand to showcase their products and services. Stop by to see us!
- Fallon Senior Plan™ invites you to join seniors and caregivers in attending the **Senior Spectacular expo** on October 21 at the DCU Center in Worcester. Fallon Senior Plan is a presenting sponsor of this free event, which includes workshops, exhibits, health screenings, seminars, exhibits and entertainment. Visit our booth to learn more about our products for the Medicare-eligible population. ■

New Massachusetts mandates

■ Early childhood interventions mandated

All fully insured health plans are now required to cover early intervention services in full, with no copayment, coinsurance or deductible* for patients' families, according to an amendment to the Massachusetts budget bill for fiscal year 2011, effective July 1, 2010.

Early Intervention is a statewide, integrated, developmental service available to families of children between birth and three years of age. The program includes specialized health, educational and therapeutic services for eligible children who have a developmental delay or disability. ■

** Does not apply to qualified high-deductible plans. Also, self-funded plans may choose not to implement this benefit.*

■ New law requires autism coverage

Gov. Patrick signed a new law in August that requires insurers to offer autism services at coverage limits that are equal to those for physical conditions, and with no limits to the number of visits to an autism services provider. The law is effective January 1, 2011. Self-insured plans are exempt. Fallon Community Health Plan is reviewing the new mandate and its implementation. Watch for more details.

The law mandates that insurers cover the cost of diagnosis and treatment of autism spectrum disorder if it is deemed medically necessary by a doctor. Treatments include rehabilitative, psychiatric and therapeutic care, diagnostic tests, applied behavioral analysis and the cost of pharmaceuticals.

The federal Centers for Disease Control and Prevention estimate one out of every 110 children has autism spectrum disorder. ■

National health care reform news

■ Tax changes for HSAs

There are two tax changes being implemented on January 1, 2011, under the Patient Protection and Affordable Care Act:

– **The costs for over-the-counter drugs not prescribed by a doctor** are no longer reimbursable through a health reimbursement account (HRA) or health flexible spending account (FSA), and also are excluded from being reimbursed on a tax-free basis through a health savings account. See [IRS guidance](http://irs.gov/irs/article/0,,id=227301,00.html) issued September 3 (irs.gov/irs/article/0,,id=227301,00.html).

Please note that FCHP partners with UltraBenefits to offer HRA and high-deductible administration as well as stand-alone FSA administration.

– **The tax on distributions from a health savings account** that are not used for qualified medical expenses will be increased to 20% of the disbursed amount. ■

■ Grandfathered, or not, under national reform?

Under national reform, health plans that existed on March 23, 2010, are exempt (grandfathered) from some new coverage requirements. In June, federal agencies issued the "grandfather rule," which clarifies what changes an insurer or plan sponsor may—and may not—make to health insurance coverage or a group health plan to retain its "grandfather" status.

FCHP does not intend to keep any of its fully insured businesses grandfathered. We'll be a resource for self-funded groups evaluating their status.

Plans will lose their grandfathered status if they choose to make certain "significant changes" compared to their policies in effect on March 23, 2010. These changes include, among others, raising coinsurance charges, raising deductibles no more than a percentage equal to medical inflations plus 15 percentage points and decreasing the percent of premiums the employer pays by more than 5 percentage points.

For more information, go to fchp.org/News/Grandfathered-plans.htm or healthreform.gov/about/grandfathering.html. ■

■ New coverage for preventive services

Interim final regulations implementing the health care reform law require group health plans and health insurers to cover certain preventive services without any cost-sharing for the enrollee when delivered by in-network providers.

The recommended services must be covered in the plan years that begin on or after September 23, 2010 (January 1 for calendar year plans). The regulations apply to both fully insured and self-insured plans; grandfathered plans are exempt. Most FCHP members will see little difference under the law. FCHP pioneered \$0 wellness copayments and will align any benefits as necessary to comply with the law.

The covered preventive services are taken from recommendations and guidelines of the United States Preventive Services Task Force, the Health Resources and Services Administration and the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention. For examples, see healthcare.gov/center/regulations/prevention/taskforce.html.

There are certain situations in which cost-sharing for these preventive services may be imposed, for example, when a diagnosis is provided that requires treatment following the preventive service. ■

■ Lifetime and annual limits prohibited for essential benefits

Interim final regulations under the new law prohibit group health plans and health insurers from imposing lifetime or annual limits on the dollar value of “essential” health benefits. The annual limits are phased in, with the regulations allowing a defined dollar cap each year until January 1, 2014.

The regulations are effective for plan years beginning on or after September 23, 2010, and apply to fully insured, self-insured and grandfathered health plans. Few FCHP employer groups have lifetime or annual dollar limits, and we will work with them individually to comply with the law.

For both annual and lifetime limit restrictions, further guidance will be forthcoming on the services and items that are to be covered as

“essential benefits.” In the interim, FCHP will follow guidelines to make good-faith efforts to comply with a reasonable interpretation of the law. ■

■ Required notices under national health care reform

Several provisions of the Patient Protection and Affordable Care Act are going into effect and triggering requirements to notify health plan subscribers or members of the latest changes. In most cases, we believe that the employer has the responsibility to notify its employees of these health care changes.

– Dependent coverage to age 26 special enrollment notice

Children under 26 are allowed to stay on their parent’s family policy or be added to it. Employer should notify all employees of a “one-time-only” special election period. The notice may be included with open enrollment materials. FCHP is reflecting the new requirements in its EOCs. [[Model notice*](#)]

– Grandfathered status notice

Employer notice is sent to subscribers if its particular plan is grandfathered under the Affordable Care Act and exempt from certain provisions. The employer ultimately controls the decision to maintain grandfathered status. Few employers are likely to maintain this status, so this notice is not likely to apply to many groups. [[Model notice*](#)]

– Lifetime limit reached special enrollment notice

Employer notifies individuals, who have previously lost coverage due to reaching a lifetime maximum, about a one-time-only special

election period. FCHP’s fully-insured HMO plans do not have lifetime limitations, and most of our self-insured clients do not, so there will be few cases of notification being required. [[Model notice*](#)]

– Rescission of coverage notice

Under the law, rescission (retroactive termination) is not permitted except in cases of fraud or intentional misrepresentation of material fact. FCHP’s current policy is in compliance with this provision. Any notice of rescission would be sent to a member at least 30 days in advance by whichever entity initiates it—in many cases, this will be the insurer. Regardless, for most employers in Massachusetts, the volume of rescissions will probably be low.

– Patient protection disclosures (applicable to non-grandfathered plans)

This notice informs members of their right to choose as their provider any available participating primary care provider, and that they do not need a referral for OB-GYN care. Notice is required anytime an employer or insurer “provides a participant with a summary plan description or other similar description of benefits.” FCHP will be sure its EOCs provide such notice. However, employers may want to consider independently sending a notice to members, or adding the notice to their own summary plan description. [[Model notice*](#)]

* The model notices and more information are available at dol.gov/ebsa/healthreform. ■

Business buzz

Solutions to manage premium costs

It's a simple fact of life—and business—today that we are all being asked to do more with less. As an employer, despite budget challenges, you continue to offer a rich menu of health care benefits through Fallon Community Health Plan. You can be proud of your role in keeping your employees healthy!

At the same time, controlling health care costs probably has become your #1 employee-benefits objective. Companies like yours are increasingly requiring their employees to make more of the decisions about their benefits and to assume greater financial responsibility.*

This approach is reflected in the increasing popularity of “consumer-directed” health plans.** These high-deductible health plans lower the employers' premium cost and, paired with tax-favorable Health Savings Accounts, give employees incentives to manage their own health care costs.

FCHP is committed to the evolution of high-deductible plans as one solution to managing costs and ensuring that consumers have continued access to significant health care coverage. We offer a suite of qualified high-deductible plans that may be combined with a Health Savings Account (HSA) through our partnership with Wells Fargo Health Benefit Services.

Also, FCHP partners with its wholly-owned subsidiary, UltraBenefits, to create a streamlined, easy-to-use Health Reimbursement Arrangement (HRA) option. An HRA, which is available with all FCHP plan design options, is an employer-owned account that is used to reimburse participating employees for qualified medical expenses, such as copayments and deductibles, paid out of pocket.

UltraBenefits, Inc., offers a variety of third-party administrative services, which allows FCHP to accommodate the full spectrum of alternative funding. We offer a complete array of partial self-funding capabilities and choices, including stand-alone Flexible Spending Account administration.

To explore these and other premium-saving options with FCHP, or to learn more about our UltraBenefits partnership, please contact your account manager at 1-800-333-2535.

* Preliminary findings of Prudential's Study of Employee Benefits: 2010 & Beyond. Full results are expected this month. Visit prudential.com and look under “Research & Perspectives,” then “Group Benefits Research.”

** See ahipresearch.org/pdfs/HSA2010.pdf ■

Fallon Community Health Plan resources

- Q&A guide, [Deductibles 101](#), available online at fchp.org/Members/health-insurance-101.htm
- Available online at fchp.org/Plans/FCHPCareChoice.htm, under “Decision making tools”:
 - [Comparison Guide to HSAs, HRAs and FSAs](#)
 - [FAQ guide, FCHP Care Choice Plans and Health Savings Accounts](#)
 - [Overview of FCHP Care Choice qualified high-deductible plans](#)

FCHP ranked one of America's top 10 health plans – again!

Fallon Community Health Plan is once again among the top 10 health plans in America, according to the latest ranking by the National Committee for Quality Assurance (NCQA).*

"This ranking, of which we are proud and honored, validates our commitment and efforts to ensure FCHP members receive the highest quality of care and services," said Patrick Hughes, FCHP President and CEO.

FCHP's commercial HMO was ranked 8th out of 227 plans. Additionally, FCHP performed particularly strong on several HEDIS® measures as reported by Quality Compass®, which is NCQA's comprehensive national database of health plans' HEDIS® and CAHPS® results.** These measures include treatment of diabetes, cardiac, respiratory and mental health conditions; care of children and adolescents; and preventive screenings.

The NCQA's Health Insurance Plan Rankings 2010-11* list is derived from publicly reported data used to compare and rank health plans across the country based on a variety of quality and customer satisfaction measures.

"When it comes to effectiveness of care, our strong performance is attributed to our innovative approach to care management and wellness programs, as well as the collaborative work we do with members and their providers to encourage and support evidenced-based, quality care," said Elizabeth C. Malko, M.D., M. Eng., FAAFP, Senior Vice President and Chief Medical Officer.

* NCQA's Health Insurance Plan Rankings 2010-11 – Private

** The source for data contained in this publication is Quality Compass® 2010 and is used with the permission of the National Committee for Quality Assurance (NCQA). Quality Compass 2010 includes certain CAHPS data. Any data display, analysis, interpretation, or conclusion based on these data is solely that of the authors, and NCQA specifically disclaims responsibility for any such display, analysis, interpretation, or conclusion. Quality Compass is a registered trademark of NCQA. CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA). ■

Sales Team Leader Profile

Andre Gabryjelski,
Senior Manager,
Consumer Sales



Andre Gabryjelski currently oversees several lines of business at Fallon Community Health Plan, encompassing the small business market of 1 to 4 employees, intermediaries, and our Medicare retiree market for both individuals and employer groups.

Andre was previously responsible for the Medicare sales team at Tufts Health Plan. He joined FCHP in 2006 as Senior Plan Sales Manager. He soon took on additional responsibilities for new sales and retention with the merged market.

He has a bachelor's degree in business management from the University of Massachusetts at Dartmouth.

Andre is an experienced and creative manager who energizes a sales team dedicated to helping businesses successfully manage their health care benefits. You may reach him at 1-800-333-2535. ■



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Employer Edge is published quarterly to provide employers with the latest news, trends and marketplace information in health care. Please share this issue with your coworkers.

For information about products or programs, ask for your account manager at 1-800-333-2535.

