

FCHP membership ID cards get a makeover

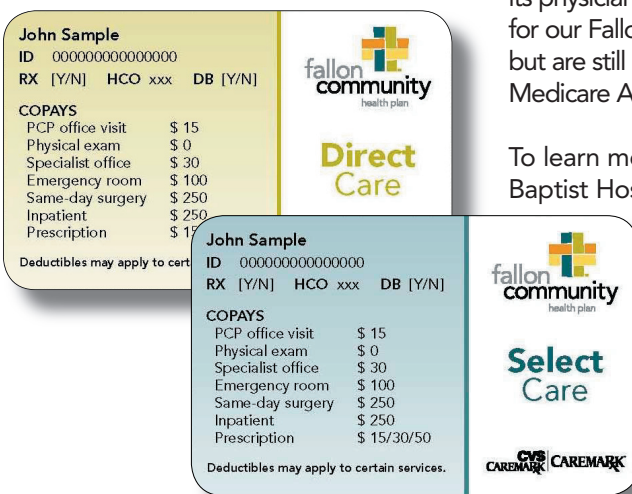
Starting in June, our members will receive FCHP membership ID cards with a fresh look. FCHP has partnered with a vendor, Clarity Software Solutions, Inc. (Clarity), to streamline our membership ID card print and distribution process. Clarity offers FCHP enhanced technology with a Web-based card ordering system and print-on-demand capabilities.

Only new members joining the plan or members whose benefits change upon renewal will receive the new cards. We are not doing a total replacement of ID cards, so our current cards and these new cards both will be in use.

A new look

With this implementation, we've redesigned the ID cards to be easier to read for our members and to help clarify network differences for our providers. To simplify information, we have spelled out the benefits, color-coded the cards by network and increased font sizes.

If you have any questions about our new membership ID cards, please contact your account manager at 1-800-333-2535. ■



Network news

■ Boston orthopedic hospital now in FCHP networks

New England Baptist Hospital, one of the top orthopedic hospitals in the nation, is now a part of both the FCHP Direct Care and the FCHP Select Care networks.

The official hospital of the Boston Celtics, New England Baptist Hospital is nationally recognized for its expertise in orthopedic surgery, superb patient care and advanced medical knowledge. Some of the services members can receive at New England Baptist Hospital are knee and hip replacements, arthritis pain treatment, sports medicine and physical therapy.

Members in our Select Care and Direct Care products can access covered services at New England Baptist with a referral from their PCP. Although the hospital, located in Boston, is not a part of the DOI-approved FCHP Direct Care service area, Direct Care members do have access to the hospital and approximately 90 physician specialists.

Also, New England Baptist Hospital and its physicians are considered in-network for our Fallon Preferred Care members, but are still out-of-network for all of our Medicare Advantage products.

To learn more about New England Baptist Hospital, and the services they provide, visit nebh.org

■ Beth Israel Deaconess added to Peace of Mind Program™

We're pleased to announce that Beth Israel Deaconess Medical Center in Boston is now part of FCHP's Peace of Mind Program, effective July 1, 2011. A top hospital in the region and the nation, Beth Israel Deaconess Medical Center has been widely recognized for excellence in its clinical and administrative performance.

Other medical centers in our Peace of Mind Program are Brigham and Women's Hospital, Dana-Farber Cancer Institute, Massachusetts General Hospital, Tufts Medical Center and Children's Hospital.

Through Peace of Mind, our FCHP Direct Care and FCHP Select Care members* have access to receive a second opinion and treatment for specialty services at these medical centers.

For more details about this program and how it works, see our Web site, fchp.org/members/doctors-facilities/peace-of-mind.aspx. Also, you may request our new Peace of Mind Program flyer from your account manager at 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.

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FCHP policy updates

■ Contracted providers keep costs down

Fallon Community Health Plan is always looking for ways to control the rising costs of health care. One way is by working with providers who agree to our negotiated rates for their services with our commercial plan members. These are “network providers” and they help us keep quality health care as affordable as possible.

But when providers refuse to contract with us, we cannot influence what they charge. *In those cases, industry standard and FCHP policy is to pay the reasonable and customary cost for the service in that community, minus any copayment/coinsurance a member might have.*

Most providers accept this as payment in full. However, some may bill the member for the difference between what they charged and the amount paid by FCHP. In this case, we suggest that a member contact the provider directly to ask if he/she expects payment that exceeds what is considered reasonable and customary.

FCHP pursues every opportunity to have contracts in place with as many providers as possible so that we are better able to bring down the cost of health care for all of us.

■ Colonoscopies that become diagnostic now covered in full

FCHP has implemented a new policy to cover in full preventive colonoscopies *that become diagnostic*, effective March 1, 2011.

FCHP members have always had no cost sharing (copayment/deductible) for this preventive colorectal cancer screening. However, if polyps were identified and removed during the colonoscopy, the service was labeled diagnostic in nature and

cost sharing applied. Under our new policy, FCHP does not expect members to be responsible for cost sharing in this scenario.

If you have any questions, please contact your account manager at 1-800-333-2535.

■ Mail-order Rx now requires payment up front

One of the valuable features of our prescription benefit plan is the CVS Caremark Mail Service Pharmacy, which offers FCHP members the convenience of home delivery of up to a 90-day supply of their prescriptions.

A universal CVS Caremark change in its payment process for this service is effective June 1, 2011. FCHP members who order prescription medications from the CVS Caremark service will be required to make payments *at the time they place their order*. Additionally, in order to get refills or new prescriptions, any past due balances must be paid. Members have the option of paying via electronic check processing, credit or debit card, check or money order, or Bill Me Later® (a credit-card like service).

We have notified our members who have used this service about CVS Caremark’s policy change. If you have any questions, please contact your account manager at 1-800-333-2535. ■

Supporting employees with retiree group plans

As you know, when your employees turn 65, they may be eligible for Medicare. There’s no better time than now to start thinking about what kind of coverage they will want or need when that time comes. Fallon Community Health Plan can help.

For more than 30 years, we’ve been providing Medicare Advantage group plans to clients all over Massachusetts. In that time, we’ve learned a few things, and we’d like to share them with you and your employees.

When you are ready, please give FCHP a call. We can answer your questions and tell you more about FCHP’s Medicare Advantage group plan options and also about the quality of care and service your employees will receive as FCHP Medicare group plan members.

There are a few things to remember about FCHP’s Medicare Advantage group plan options:

- Potential senior plan enrollees need to be enrolled in Medicare Parts A & B, and they must continue to pay their Medicare Part B premium.
- Members of FCHP’s Medicare Advantage HMO & PPO group plans are required to reside within the senior plan service area.
- Our senior plan group product can be implemented on the first of any month.
- FCHP’s senior plan group product doesn’t cost the employer anything additional.
- FCHP can write a group plan as long as at least one Medicare-eligible employee or dependent enrolls.
- For groups with 20+ employees, senior plan enrollees have to be retired or working less than benefit-eligible hours.

If you need information about your Medicare group plan benefits, services, and enrollment requirements or have general questions about Medicare Parts A, B and D, **please call Medicare Group Sales Executive Brian Guagnini directly at 1-508-368-9578.** ■

Helping our members save—and stay healthy

FCHP members benefit from many value-added extras in addition to their comprehensive coverage. Here are a few:

- **The richest fitness benefit in Massachusetts**—It Fits! offers an annual reimbursement of \$400 for families/\$200 for individuals to pay for all kinds of healthy activities, including school and town sports, exercise classes, dance or swim lessons, a membership at any gym, and much more.
- **Fitness center discounts**—In addition to the It Fits! reimbursement, members receive reduced rates on memberships to more than 70 health club facilities in Massachusetts.
- **\$0 wellness benefit**—Copayments are \$0 for routine physicals, gynecological exams, well-child care visits and (new!) annual vision exams.
- **Eyewear discounts**—Members save up to 35% at contracted vendors, including frames, prescription lenses and nonprescription sunglasses.
- **20% discount at CVS/pharmacy**—Members get a 20% discount on more than 1,500 CVS/pharmacy-brand, health-related products, good at any CVS/pharmacy store or online at cvs.com. ■

Health care law

■ Group health insurance reporting on W-2s

The Affordable Care Act of 2010 requires employers to annually report the aggregate cost of employer-sponsored health coverage (including a self-insured plans) on IRS Form W-2. In late March, the IRS issued its interim guidance (Notice 2011-28) detailing the timing and substance of this requirement.

Employers must begin reporting this information on their employees' 2012 Form W-2s, which are issued in January 2013. (Employers who file fewer than 250 W-2s are exempt.)

Certain costs are excluded from the reporting requirements, including amounts contributed to any Health Savings Account and costs of coverage under a Health Reimbursement Arrangement.

The IRS notice is in a detailed Q&A format with helpful examples that clarify most employers' obligations. It covers, for example, when an employee works for more than one employer, or when an employee is terminated.

If you would like to read the entire notice or send comments to the IRS about this interim guidance, go to irs.gov/pub/irs-drop/n-11-28.pdf.

■ New open enrollment period for individual health insurance

The rule for when consumers can buy nongroup health insurance changed with the passage of a new state law last year.

Now eligible individuals can buy insurance for themselves and their dependents only during a designated open enrollment period, versus at any time during the year.

Open enrollment is July 1 through August 15—and won't be held again until the same time in 2012.

There are some exceptions to the new rule. For example, if an individual had an employer- or government-sponsored health plan but recently lost it, he/she may be allowed to buy insurance outside of an open enrollment period.

In addition, as part of this change, people who are both buying health insurance for the first time or renewing their policy **will be required to attest in writing** that they are eligible for individual coverage.

For information about FCHP health plans for individuals, contact your account manager at 1-800-333-2535. ■

New substance dependence program

Fallon Community Health Plan has partnered with Catasys®, Inc., a specialized behavioral health management services company, to offer an integrated and comprehensive outpatient substance dependence program, called OnTrak. This program is designed to address substance dependence as a chronic disease, and seeks to lower costs and improve member health.

"We recognize the broad impact and cost of substance dependence, and intend to provide an innovative and flexible solution for our membership," said Elizabeth Malko, M.D., FCHP Executive Vice President and Chief Medical Officer. "This new program is part of FCHP's ongoing effort to continue seeking new and different cost-effective solutions that are focused on improving our members' care outcomes." ■

Controlling costs, maintaining quality

In order to maintain premiums, copayments, cost shares and deductibles at affordable levels, Fallon Community Health Plan continually strives to optimize the cost of care—that means eliminating or minimizing duplicative, unnecessary or inappropriate care.

It also means supporting those initiatives and activities that improve the quality of care and services our members receive. Our Cost of Care Program is our systematic process to achieve these goals.

At FCHP, we've seen a significantly positive impact from the initiatives that we implemented in 2010. These include new or revised care management programs for acute inpatient services, new disease management programs, and a radiology utilization management program.

There's also our Proton Pump Inhibitor (PPI) initiative to encourage use of over-the-counter PPIs. Now, about 75% of our members who use these drugs take over-the-counter PPIs instead of the more-costly prescription versions, saving an average of \$500 a year each. And, our successful Sleep Apnea Management program has our members highly satisfied with our focus on in-home sleep studies.

We remain dedicated to success with additional savings in 2011. New initiatives include a program to manage certain radiation therapy services, PPO utilization

Reminder to ID products with payments

If you have multiple products under your policy with FCHP (such as our HMO & PPO plans), please be sure when submitting a premium payment to identify to which product the payment should be applied. It's best to send your check with an attached invoice. Otherwise, clearly stating what your premium payment is for will help us avoid future billing errors. Thank you. ■

management, SeniorMetrix™ (which ensures appropriate placement and outcomes for members in nursing homes), and a new payment policy for traditionally non-contracted providers.

One of our newest initiatives is the Catasys® OnTrak substance abuse intervention program. For more information about OnTrak, see the article on page 3 in this issue.

Programs like these help to keep FCHP a leader in delivering affordable, quality health care in Massachusetts. ■

Preventive care misunderstood with high-deductible plans

The largest-ever assessment of high-deductible health plans (\$1,000 per person) found that while these plans significantly cut health care spending, they also prompt members to cut back on preventive health care—suggesting that they do not understand their policies. The RAND Corporation study* included more than 800,000 families from across the United States.

As a general rule, preventive services—something done routinely or regularly to prevent illness—are not subject to

a deductible. Also, FCHP pioneered \$0 wellness copayments for certain preventive services (routine physical and gynecological exams, and well-child care). We've just added \$0 copayments for annual preventive vision screenings. In addition, FCHP is proactive in sending members reminders for important breast, cervical and colorectal cancer screenings, as well as for childhood immunizations.

If you offer a high-deductible plan, we hope you'll help us spread the word about no cost-sharing for preventive services, and encourage your employees to get preventive care. A good educational resource is our Deductibles 101 booklet available at fchp.org/members/resources/health-insurance-101.aspx.

* The findings are published in the March edition of the American Journal of Managed Care (2011;17(3):222-230) and summarized in the Rand Corporation press release at rand.org/news/press/2011/03/25.html. ■



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