

Connection



Important information for Fallon Community Health Plan physicians and providers

■ Every day affairs

Your opinion matters

Our annual FCHP Provider Satisfaction Survey will be ready for you on our Web site from November 15 through December 16. Fallon Community Health Plan is requesting your input in our ongoing effort to improve services. The online survey will be available at: fchp.org/providers/secure/survey.aspx.

Please respond by December 16—and you'll be eligible to **win one of two \$250 American Express® Gift Cheques.** ■

Less than 60 days until the HIPAA 5010 compliance date!

Beginning on January 1, 2012, health plans, clearinghouses and providers will be required to use new HIPAA version 5010 to conduct electronic transactions such as claim submissions, claim status requests and responses, referrals, authorizations, eligibility requests and responses and remittances.

FCHP remains on target to meet its implementation goals to accept 5010 transaction files on January 1, 2012.

Important! If you haven't submitted test files to become 5010 compliant, please work with your FCHP EDI Coordinator to submit test files in order to meet the compliance date. *You must coordinate testing immediately.* If FCHP has not been testing with you as of October 1, 2011, you will not be able to meet the January 1, 2012 compliance date. Although we will be able

to accept both 4010 and 5010 files after January 1, 2012, we do need to hear from you regarding your contingency plan to avoid any interruption. Your FCHP EDI Coordinator can provide you with the latest version of the *Companion Guide* if necessary.

We'll continue to update you in *Connection* and on fchp.org, so please check back often! ■

FCHP's NaviCare expands

The Centers for Medicare & Medicaid Services has approved the expansion of FCHP's NaviCare® HMO SNP service area, which is great news for the continued success of this plan and our commitment to providing quality, affordable health care products to a broad population.

The NaviCare service area, currently in Worcester County, will expand to include all of Hampden County and portions of Franklin, Hampshire, Middlesex and Norfolk counties. This expanded area will include cities such as Springfield, Holyoke, Lowell, Framingham, Natick, Milford and Franklin.

FCHP began outreach for NaviCare in the new service area on October 1, for enrollments effective January 1, 2012. Outreach and enrollment in our existing Worcester County service area is ongoing.

NaviCare HMO SNP provides coordinated medical, prescription and support care for seniors living in the designated service areas who are 65 or older, have MassHealth Standard, and have Medicare Parts A and B. Members have no plan premiums, no copayments and no coinsurance.

(continued)


In this issue—
2012 Fallon Senior Plan updates:
 • HMO individual
 • Medicare Supplement



ADHD: Medication management and follow-up

Taiese Bingham, M.S., Ph.D.; Stephen Feldman, R.Ph., F.A.S.C.P., Beacon Health Strategies

Attention deficit hyperactivity disorder (ADHD) is one of the most common chronic conditions in children. In this article, we review the *American Academy of Pediatrics Clinical Practice Guidelines* for the treatment of ADHD and offer our easy-to-follow ADHD Medication Treatment Algorithm.

Beacon Health Strategies, FCHP's behavioral health partner, promotes increased collaboration and coordination between clinicians and behavioral health specialists for the treatment of ADHD. Beacon offers a decision support line and clinical tools for clinicians. For details, see our complete article in *Connection* online or call Beacon Health Strategies at 1-888-421-8861. 

■ Script alert

Vancomycin script choice translates into big savings

Vancomycin is often the drug of choice to treat *Clostridium difficile* (C-diff), the most common cause of antibiotic-associated diarrhea. Most people, particularly seniors, who get C-diff are exposed to it during a hospital stay.

Vancomycin is commonly available as an oral capsule—at an average claim cost of \$1,400 for a course of treatment. That's why FCHP is encouraging providers to write their prescriptions instead for the injectable form of vancomycin, which a pharmacist can easily compound into an oral solution. With this approach, the average claim cost for the same course of treatment is only \$40.

Vancomycin has the same effectiveness whether taken as a capsule or as an oral solution. The only difference is the price, which can be a significant out-of-pocket expense for Medicare patients who have reached the Rx coverage gap.

Please consider writing your scripts for injectable vancomycin to be taken orally. Many pharmacists readily fill these prescriptions and others will be willing to work with you to mix the oral vancomycin solution, which is much more cost-effective for their customers.

Vancomycin hydrochloride 50 mg/ml oral solution

Vancomycin HCl 10 g inj.	1 vial
Saccharin sodium	0.4 g
Stevia	0.4 g
Glycerin	80 ml
Raspberry concentrate	0.2 ml
Distilled water	q.s. 200 ml

Stability = 14 days

Keep refrigerated. ■

Generics of major brand-name drugs to be on Tier 2

Several of the most popular brand-name prescription drugs in the United States are going generic during the next 18 months. As always, Fallon Community Health Plan will be carefully monitoring this trend and adjusting our formularies.

As you know, when a brand-name drug goes off-patent, it then becomes legal for lower-cost generic versions to be made. This will be the case, for example, with several higher-cost brands, such as Lipitor (cholesterol) and Zyprexa (bipolar disorder and schizophrenia) this fall and Lexapro (depression), Seroquel (antipsychotic) and Plavix (blood clot prevention) in 2012.

Health care professionals speculate that the lower-priced generics will significantly reduce the number of people jeopardizing their health because they can't afford the medicines they need.

FCHP approach

Our protocol is to place new generic drugs either on Tier 1 (significantly lower cost than brand; the lowest copayment) or on Tier 2 of our formulary, based on clinical and cost considerations. Initially, generic versions of higher-cost brand-name drugs are only 10% to 15% cheaper.

Therefore, we anticipate that we will place some of the generics coming to market on Tier 2. We will continue to monitor the clinical and cost experience with these generics over time and will transition them to Tier 1 if it becomes appropriate.

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Effective January 1, 2012, the following codes are not covered and will deny member liable for all lines of business.

E0218	Water circulating cold pad with pump
E0265	Hospital bed, total electric (head, foot, and height adjustments), with any type side rails, with mattress
E0266	Hospital bed, total electric (head, foot, and height adjustments), with any type side rails, without mattress
E0296	Hospital bed, total electric (head, foot, and height adjustments), without side rails, with mattress
E0297	Hospital bed, total electric (head, foot, and height adjustments), without side rails, without mattress

Effective September 1, 2011, the following codes will be covered for all lines of business.

G0396	Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., AUDIT, DAST), and brief intervention 15 to 30 minutes
G0397	Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., AUDIT, DAST), and intervention, greater than 30 minutes

Effective November 1, 2011, the following codes will be covered for MassHealth and NaviCare plan types only. All other plan types will deny vendor liable.

E0936	Continuous passive motion exercise device for use other than knee
T5001	Positioning seat for persons with special orthopedic needs

Effective October 1, 2011, the following code became effective and requires plan prior authorization.

C9286	Injection, belatacept, 1 mg ■
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2012 Fallon Senior Plan™ HMO individual plans update

Overview

On October 1, Fallon Community Health Plan began to market its Fallon Senior Plan offerings for 2012. As a result of health care reform, Medicare Advantage members will only be able to change to a different Medicare Advantage plan between October 15 and December 7 (Medicare’s Annual Election Period). This includes joining our Medicare Advantage plans, or changing current health care coverage for a January 1 effective date.

After January 1, members will be locked into their Medicare Advantage plan for 2012—unless (1) they have a special election period available to them or (2) during the new Medicare Advantage Disenrollment Period (MADP) from January 1 to February 14, they decide to disenroll from their Medicare Advantage plan and go back to Original Medicare as their medical coverage. If a member decides to disenroll during the MADP, they also can enroll in a stand-alone Prescription Drug Plan, but not a Medicare Advantage Prescription Drug plan.

Fallon Senior Plan continues to make a significant effort to keep costs down because we feel it’s important to keep affordable options with comprehensive benefits for Medicare beneficiaries. Depending on where existing members live, their 2012 premiums will be going down or staying the same. FCHP will continue to offer a great selection of fairly priced premium plans without significant changes to benefits.

2012 Fallon Senior Plan HMO medical benefits overview (orange = 2012 changes or additions)

Benefit	Fallon Senior Plan Super Saver Rx HMO	Fallon Senior Plan Saver HMO Saver Enhanced Rx HMO	Fallon Senior Plan Standard HMO Standard Enhanced Rx HMO	Fallon Senior Plan Plus Enhanced Rx HMO
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 and Hampden Counties Portions of Franklin, Hampshire, Middlesex and Norfolk Counties
Provider network	Fallon Senior Plan (HMO)	Fallon Senior Plan (HMO)	Fallon Senior Plan (HMO)	Fallon Senior Plan (HMO)
Deductible (if applicable) and out-of-pocket maximum	\$3,400 for Medicare covered services	\$3,400 for Medicare-covered services	\$3,400 for Medicare-covered services	\$3,400 for Medicare-covered services
Inpatient hospital and mental health care (For mental health care, contact FCHP for details about benefits beyond 190 days.)	\$300 a day for days 1-5 \$0 for substance abuse care	\$500 for each stay Separate \$1,500 out-of-pocket maximums for acute, rehabilitation and mental health stays \$0 for substance abuse care	\$400 for each stay Separate \$1,200 out-of-pocket maximums for acute, rehabilitation and mental health stays \$0 for substance abuse care	\$150 for each stay Separate \$300 out-of-pocket maximums for acute, rehabilitation and mental health stays \$0 for substance abuse care
Skilled nursing facility care	\$65 a day for days 1-20	\$50 a day for days 1-20	\$35 a day for days 1-20	\$20 a day for days 1-20
Primary care office visits	\$25	\$25	\$15	\$10
Medicare-covered preventive services at zero cost-sharing including annual physical exam	\$0	\$0	\$0	\$0
Specialist visits	\$40	\$30	\$25	\$15
Chiropractic services	\$20 No prior authorization required	\$20 No prior authorization required	\$20 No prior authorization required	\$10 No prior authorization required
Podiatry	\$40 for medically-necessary foot care visits	\$30 for medically-necessary foot care visits	\$25 for medically-necessary foot care visits	\$15 for medically-necessary foot care visits



2012 Fallon Senior Plan HMO medical benefits overview (orange = 2012 changes or additions)

Benefit	Fallon Senior Plan Super Saver Rx HMO	Fallon Senior Plan Saver Rx HMO Saver Enhanced Rx HMO	Fallon Senior Plan Standard HMO Standard Enhanced Rx HMO	Fallon Senior Plan Plus Enhanced Rx HMO
Outpatient mental health care	\$40	\$30	\$25	\$15
Outpatient substance abuse care	Prior authorization required after 8 visits for mental health, psychiatric, or substance abuse services	Prior authorization required after 8 visits for mental health, psychiatric, or substance abuse services	Prior authorization required after 8 visits for mental health, psychiatric, or substance abuse services	Prior authorization required after 8 visits for mental health, psychiatric, or substance abuse services
Same-day surgery	\$175 for each same-day surgical procedures	\$150 for each same-day surgical procedures	\$125 for each same-day surgical procedures	\$50 for each same-day surgical procedures
Ambulance services	\$150	\$75	\$75	\$50
Emergency care	\$65 (waived if admitted to the hospital within 72 hours for same condition) Worldwide coverage	\$300 out-of-pocket maximum \$65 (waived if admitted to the hospital within 72 hours for same condition) Worldwide coverage	\$300 out-of-pocket maximum \$65 (waived if admitted to the hospital within 72 hours for same condition) Worldwide coverage	\$200 out-of-pocket maximum \$65 (waived if admitted to the hospital within 72 hours for same condition) Worldwide coverage
Urgently needed care	\$25	\$25	\$15	\$10
Outpatient rehabilitation services	\$20	\$20	\$20	\$10
Durable medical equipment ¹	20% of the cost	10% of the cost	10% of the cost	10% of the cost
Prosthetic devices	20% of the cost	10% of the cost	10% of the cost	10% of the cost
Diagnostic tests, X-rays and lab services	\$0 for clinical/diagnostic lab services and radiation therapy \$150 for each CT, PET and MRI scans and nuclear study Prior authorization is required for genetic testing, anesthesia for GI endoscopy procedures and sleep studies (polysomnography) in addition to CT scans, PET scans, MRIs and nuclear studies.	\$0 for clinical/diagnostic lab services and radiation therapy \$125 for each CT, PET and MRI scans and nuclear study (\$500 out-of-pocket maximum) Prior authorization is required for genetic testing, anesthesia for GI endoscopy procedures and sleep studies (polysomnography) in addition to CT scans, PET scans, MRIs and nuclear studies.	\$0 for clinical/diagnostic lab services and radiation therapy \$100 for each CT, PET and MRI scans and nuclear study (\$400 out-of-pocket maximum) Prior authorization is required for genetic testing, anesthesia for GI endoscopy procedures and sleep studies (polysomnography) in addition to CT scans, PET scans, MRIs and nuclear studies.	\$0 for clinical/diagnostic lab services and radiation therapy \$75 for each CT, PET and MRI scans and nuclear study (\$300 out-of-pocket maximum) Prior authorization is required for genetic testing, anesthesia for GI endoscopy procedures and sleep studies (polysomnography) in addition to CT scans, PET scans, MRIs and nuclear studies.

2012 Fallon Senior Plan HMO medical benefits overview (orange = 2012 changes or additions)

Benefit	Fallon Senior Plan Super Saver Rx HMO	Fallon Senior Plan Saver Rx HMO Saver Enhanced Rx HMO	Fallon Senior Plan Standard HMO Standard Enhanced Rx HMO	Fallon Senior Plan Plus Enhanced Rx HMO
Dental services	\$40 for Medicare-covered services In general, preventive dental benefits (such as cleaning) not covered.	\$30 for Medicare-covered services In general, preventive dental benefits (such as cleaning) are not covered.	\$25 for Medicare-covered services \$25 for one oral exam twice per year that includes cleaning, fluoride treatment and X-rays \$22 to \$990 for fillings, crowns, root canals, gum disease procedures, simple extractions and dentures	\$15 for Medicare-covered services \$25 for one oral exam twice per year that includes cleaning, fluoride treatment and X-rays \$22 to \$990 for fillings, crowns, root canals, gum disease procedures, simple extractions and dentures
Hearing services	In general, routine hearing exams and hearing aids not covered. \$40 for diagnostic hearing exams	In general, routine hearing exams and hearing aids not covered. \$30 for diagnostic hearing exams	In general, routine hearing exams and hearing aids not covered. \$25 for diagnostic hearing exams	In general, routine hearing exams and hearing aids not covered. \$15 for diagnostic hearing exams
Vision services	\$40 for exams to diagnose and treat diseases and conditions of the eye \$0 for glaucoma tests \$40 for one routine exam every year \$0 for up to one pair of glasses or contacts every year \$150 plan coverage limit for eyewear every year	\$30 for exams to diagnose and treat diseases and conditions of the eye \$0 for glaucoma tests \$30 for one routine exam every year \$0 for up to one pair of glasses or contacts every year \$150 plan coverage limit for eyewear every year	\$25 for exams to diagnose and treat diseases and conditions of the eye \$0 for glaucoma tests \$25 for one routine exam every year \$0 for up to one pair of glasses or contacts every year \$150 plan coverage limit for eyewear every year	\$15 for exams to diagnose and treat diseases and conditions of the eye \$0 for glaucoma tests \$15 for one routine exam every year \$0 for up to one pair of glasses or contacts every year \$150 plan coverage limit for eyewear every year
U.S. travel benefit	Not covered	No longer covered	No longer covered	No longer covered

1 Additional DME coverage by Fallon Senior Plan HMO includes:

For members who suffer hair loss as a result of the treatment for any form of cancer or leukemia, wigs are covered with the following cost-sharing. Members are responsible for 10% (20% for Fallon Senior Plan Super Saver Rx HMO) of the total cost of a wig. FCHP will cover the amount that exceeds the member cost sharing, up to \$350 per calendar year. Members are responsible for amounts that exceed \$350, plus their initial cost-sharing.

2012 Fallon Senior Plan HMO prescription drug coverage overview (orange = 2012 changes)

Benefit	Fallon Senior Plan Saver HMO Standard HMO (no Part D)	Fallon Senior Plan Super Saver Rx HMO Saver Rx HMO	Fallon Senior Plan Saver Enhanced Rx HMO Standard Enhanced Rx HMO Plus Enhanced Rx HMO
Part B drugs	For up to a 30-day supply: \$4 Tier 1 \$20 Tier 2 \$50 Tier 3	For up to a 30-day supply: \$4 Tier 1 \$20 Tier 2 \$50 Tier 3	For up to a 30-day supply: \$4 Tier 1 \$20 Tier 2 \$50 Tier 3
Non-Part D covered drugs	NA	For up to a 30-day supply: \$4 Tier 1 \$20 Tier 2 \$55 Tier 3 25% of the cost for Tier 4	For up to a 30-day supply: \$4 Tier 1 \$20 Tier 2 \$55 Tier 3
Part D deductible	NA	\$320	NA
Part D initial coverage period	NA	\$320 to \$2,930 For up to a 30-day supply: \$4 Tier 1 \$20 Tier 2 \$55 Tier 3 25% of the cost for Tier 4	For up to a 30-day supply: \$4 Tier 1 \$20 Tier 2 \$55 Tier 3
Part D coverage gap	NA	After the total yearly drug costs (paid by both member and Fallon Senior Plan) reach \$2,930, members pay a discounted cost on brand drugs and 86% of generic prescription drug costs.	After the total yearly drug costs (paid by both member and Fallon Senior Plan) reach \$2,930, members pay a discounted cost on brand drugs and 86% of generic prescription drug costs.
Part D catastrophic coverage	NA	After the yearly out-of-pocket drug costs reach \$4,700, they pay the greater of: \$2.60 for generic or a preferred-brand drug and \$6.50 for all other drugs, or 5% coinsurance.	After the yearly out-of-pocket drug costs reach \$4,700, they pay the greater of: \$2.60 for generic or a preferred-brand drug and \$6.50 for all other drugs, or 5% coinsurance.

2012 Fallon Senior Plan™ Medicare Supplement update

Overview

Fallon Community Health Plan will continue to offer a Medicare Supplement (Medigap) insurance option for individual consumers, and, at a decreased premium. Fallon Senior Plan's two Medicare Supplement plans, "Core" and "1", were introduced to the market last year. In addition to Medicare and state-defined benefits, FCHP will continue to provide a fitness benefit through SilverSneakers and a nurse hotline benefit through Nurse Connect, and is adding a new vision care benefit effective January 1, 2012. These benefits are included in both Core and Medicare Supplement 1 plans.

2012 plan changes

- **Premium discount:** A 15% premium discount for the first two years will be applied to members who enroll during the six month period beginning at the time they become initially eligible for Medicare coverage after attaining age 65. This discount will begin January 1, 2012 and will be applied to the 2012 decreased premium, which is great news for most people turning 65 soon.
- **New vision benefit:** \$150 allowance for eyewear every year; routine eye exam every year.

Have you seen your Connection?



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Get connected



Connection online ■ November 2011

Your online supplement to *Connection* at
fchp.org/Providers/Connection.htm contains:

- ADHD: Medication management and follow-up
- Online tool checks drug interactions
- Formulary updates – commercial
- Payment policy updates and links

Connection is a bimonthly publication for all FCHP ancillary and affiliated providers. The next copy deadline is **November 7, 2011**.

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