

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 17. 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 17—and you'll be eligible to **win one of two \$250 American Express® Gift Cheques.** ■


Claims adjustment notice

As you are aware, on March 1, 2010, FCHP completed its core business system conversion. As with any conversion, we are required to adjust claims that were originally processed in our former business system.

When we complete this type of adjustment, you'll receive two pieces of documentation: 1) a Credit Applied Reconciliation Report that indicates the retraction of the previous claim and 2) a Remittance Advice Summary that includes the revised claim status. We have made significant progress and have appreciated your patience as we worked through the inventory. ■

FCHP adds Medicare Supplement product

Fallon Community Health Plan is introducing this fall a Medicare Supplement (Medigap) insurance option for individual consumers. Fallon Senior Plan's two Medicare Supplement plans, "Core" and "1", have different levels of coverage and premiums. They will be attractive

to individuals who are enrolled in Original Medicare and chose not to enroll in a Medicare Advantage HMO plan. For more details, please see our article in *Connection* online. ■ 

■ Let's connect

Sleep Management Program: interpretation results

Our Sleep Management Program is progressing with great results for both our members and providers. Our partnership with Care Core National (CCN) and Sleep Management Solutions (SMS) is resulting in increased monitoring of our members with sleep apnea.

One point of clarification we'd like to stress is the importance of the interpretation results. The physician reading the test is responsible for submitting the report to CCN. *Payment for the service will not be made until the interpretation report is received.* This will affect the facility service as well as the physician. Please be sure to read the authorization letters for instructions regarding these reports. ■

Benefit management change

As health care costs continue to rise, Fallon Community Health Plan has recognized an increasing trend in higher member cost-sharing plans. In an effort to continue to manage costs, we will be evaluating the most efficient sites of service for care to be provided. Effective January 1, 2011, FCHP will begin actively reviewing drugs requiring infusion, and will work with Care Core National on sleep studies. Please be aware that authorized care may indicate a specific site of service. ■



IUD invoices

Effective January 1, 2011, providers must submit an invoice for intrauterine devices (IUDs), and FCHP will reimburse your invoice cost. We will keep a copy of the invoice on file and continue to pay the invoice cost. If your invoice cost changes, you'll need to provide us with a new invoice. In the coming months, we'll be establishing a rate for these items to eliminate the need for an invoice. We expect to have further information for you in May 2011.

IUDs are identified with the following codes:

| | |
|-------|---|
| J7300 | Intrauterine copper contraceptive |
| J7302 | Levonorgestrel-releasing intrauterine contraceptive system, 52 mg ■ |

Genetic testing reminder

Fallon Community Health Plan would like to remind physicians that all **genetic testing requires prior authorization**. The ordering physician is responsible for submitting the appropriate documentation to FCHP for review.

We have seen an upward trend in the number of tests being ordered that are not covered or that are for members who don't meet coverage criteria. For details, see our [Genetic Testing](#) medical policy located under the Medical Policies section of the *Provider Manual*. ■

Quality focus

HEDIS® compliance requirements: diabetes

Avoid missed opportunities for screening patients with diabetes.

Comprehensive diabetes care ages 18-75:

- Annual HbA1c screening
- Annual retinal eye exam
- Annual LDL screening
- LDL level < 100 mg/dL
- Medical attention for nephropathy (defined as ACE inhibitor/ARB therapy, annual urine microalbumin test, positive urine macroalbumin test or evidence of nephropathy)
- Blood pressure measured at each diabetes visit with a target blood pressure of < 130/80 mmHg ■

Payment policy updates

Payment policies this issue

Revised policies: effective January 1, 2011

The following policies have been updated; details about the changes are indicated on the policies:

- **Assistant Surgeon Payment Policy:** Clarified industry standard sources for allowance of surgical assist.
- **Clinical Trials Payment Policy:** Reflected payment to member for Medicare coinsurance.
- **Durable Medical Equipment Capped Rental Payment Policy:** Changed name to Durable Medical Equipment and added language to reflect policy updates regarding capped rental vs. purchase vs. rent-to-own.
- **Evaluation and Management Payment Policy:** Added discussion of limitations on reimbursement for certain codes submitted with evaluation and management codes; removed discussion of medical record documentation requirements related to consultation codes.
- **Infertility/Assisted Reproductive Technology (ART) Services Payment Policy:** Updated to reflect changes to prior authorization and billing requirements.
- **Palliative Care Consultation Payment Policy:** Removed the consultation code range from the policy.
- **Special Services, Procedures and Reports Payment Policy:** Removed the consultation code range from the policy. ■

Coding corner

Code updates

Effective January 1, 2011, the following codes *will be covered for all plan types and do not require plan prior authorization*.

| | |
|-------|---|
| G0432 | Infectious agent antigen detection by enzyme immunoassay (EIA) technique, qualitative or semi-quantitative, multiple-step method, HIV-1 or HIV-2, screening |
| G0433 | Infectious agent antigen detection by enzyme-linked immunosorbent assay (ELISA) technique, antibody, HIV-1 or HIV-2, screening |
| G0435 | Infectious agent antigen detection by rapid antibody test of oral mucosa transudate, HIV-1 or HIV-2, screening |

Effective January 1, 2011, the following codes are covered for *NaviCareSM HMO members*. They are currently covered for Fallon Senior PlanSM members. These services *will deny vendor liable for all other plan types*.

| | |
|-------|--|
| G0420 | Face-to-face educational services related to the care of chronic kidney disease; individual, per session, per one hour |
| G0421 | Face-to-face educational services related to the care of chronic kidney disease; group, per session, per one hour |
| G0422 | Intensive cardiac rehabilitation; with or without continuous ECG monitoring with exercise, per session |
| G0423 | Intensive cardiac rehabilitation; with or without continuous ECG monitoring; without exercise, per session |
| G0424 | Pulmonary rehabilitation, including exercise (includes monitoring), one hour, per session, up to two sessions per day |
| G0430 | Drug screen, qualitative; multiple drug classes other than chromatographic method, each procedure |
| G0431 | Drug screen, qualitative; single drug class method (e.g., immunoassay, enzyme assay), each drug class |

Effective January 1, 2011, the following code *will deny vendor liable for all plan types*.

| | |
|-------|--------------------------------------|
| L8010 | Breast prosthesis, mastectomy sleeve |
|-------|--------------------------------------|

Effective January 1, 2011, the following codes *will no longer require plan prior authorization*.

| | |
|-------|---|
| J8540 | Dexamethasone, oral, 0.25 mg |
| 67221 | Destruction of localized lesion of choroid (e.g., choroidal neovascularization); photodynamic therapy (includes intravenous infusion) |

Effective January 1, 2011, the following codes *will require plan prior authorization*.

| | |
|-------|--|
| 58570 | Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less |
| 58571 | Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s) |
| 58572 | Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g |
| 58573 | Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s) |
| 96920 | Laser treatment for inflammatory skin disease (psoriasis); total area less than 250 sq cm |
| 96921 | Laser treatment for inflammatory skin disease (psoriasis); 250 sq cm to 500 sq cm |
| 96922 | Laser treatment for inflammatory skin disease (psoriasis); over 500 sq cm |

Effective January 1, 2011, the following coverage criteria and limitations will be implemented for the following codes:

| Code | Description | Covered ICD-9 diagnosis codes | Quantity limits (Over benefit limit will deny member liable) |
|-------|--|--|---|
| A5500 | For diabetics only, fitting (including follow-up), custom preparation and supply of off-the-shelf depth-inlay shoe manufactured to accommodate multi-density insert(s), per shoe | 249.00-250.93 All other diagnosis codes: <i>Participating provider:</i> Not covered, deny vendor liable <i>Non-participating provider:</i> Not covered, deny member liable | 2 units (shoes) per calendar/plan year A5500 and A5501 combined Exception: MassHealth: 4 units (shoes) per calendar/plan year A5500 and A5501 combined |
| A5501 | For diabetics only, fitting (including follow-up), custom preparation and supply of shoe molded from cast(s) of patient's foot (custom molded shoe), per shoe | 249.00-250.93 All other diagnosis codes: <i>Participating provider:</i> Not covered, deny vendor liable <i>Non-participating provider:</i> Not covered, deny member liable | 2 units (shoes) per calendar/plan year A5500 and A5501 combined Exception: MassHealth: 4 units (shoes) per calendar/plan year A5500 and A5501 combined |
| A5503 | For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe with roller or rigid rocker bottom, per shoe | 249.00-250.93 All other diagnosis codes: <i>Participating provider:</i> Not covered, deny vendor liable <i>Non-participating provider:</i> Not covered, deny member liable | 6 units per calendar/plan year A5503-A5507, A5512, A5513 combined |
| A5504 | For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe with wedge(s), per shoe | 249.00-250.93 All other diagnosis codes: <i>Participating provider:</i> Not covered, deny vendor liable <i>Non-participating provider:</i> Not covered, deny member liable | 6 units per calendar/plan year A5503-A5507, A5512, A5513 combined |
| A5505 | For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe with metatarsal bar, per shoe | 249.00-250.93 All other diagnosis codes: <i>Participating provider:</i> Not covered, deny vendor liable <i>Non-participating provider:</i> Not covered, deny member liable | 6 units per calendar/plan year A5503-A5507, A5512, A5513 |
| A5506 | For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe with off-set heel(s), per shoe | 249.00-250.93 All other diagnosis codes: <i>Participating provider:</i> Not covered, deny vendor liable <i>Non-participating provider:</i> Not covered, deny member liable | 6 units per calendar/plan year A5503-A5507, A5512, A5513 |
| A5507 | For diabetics only, not otherwise specified modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe, per shoe | 249.00-250.93 All other diagnosis codes: <i>Participating provider:</i> Not covered, deny vendor liable <i>Non-participating provider:</i> Not covered, deny member liable | 6 units per calendar/plan year A5503-A5507, A5512, A5513 |
| A5508 | For diabetics only, deluxe feature of off-the-shelf depth-inlay shoe or custom-molded shoe, per shoe | Not covered <i>Participating & non-participating provider:</i> Not covered, deny member liable | |

Our HMO plans offer different cost-sharing for services such as inpatient hospital care, a doctor's office visit or prescription drugs. **We will continue to cover an annual physical exam for zero cost-sharing and, starting January 1, 2011, FCHP is happy to announce that our members also will be able to receive the remaining 17 Medicare-covered preventive services at zero cost-sharing. Additionally, our members also will benefit from richer prescription drug coverage.** NaviCare HMO SNP also will continue to be offered with the same rich benefits without a premium in 2011. A table showing the majority of our benefits is on the following pages, with changes for 2011 noted in the orange color.

Members in our Fallon Senior Plan HMO plans must use doctors, specialists and hospitals in a defined network, whereas members in our Fallon Senior Plan Employer Group PPO plan may go out-of-network for services, but may pay more. (Medicare-covered preventive services at zero cost-sharing are only for services in-network.) Effective January 1, we will not be offering Fallon Senior Plan Preferred Enhanced Rx PPO to the individual consumer market.

Medicare beneficiaries who choose our Medicare Advantage plans will continue to receive more benefits than traditional Medicare, including worldwide emergency care, health and wellness education, disease care services, dental care (for non-Fallon Senior Plan Saver HMO and PPO plans), vision services, the SilverSneakers® Fitness Program and Weight Watchers®.

SilverSneakers® is a registered trademark of Healthways.

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

2011 plan changes

Consolidation

- Fallon Senior Plan Standard Basic Rx HMO consolidated into Fallon Senior Plan Standard Rx HMO (formerly Fallon Senior Plan Standard Enhanced Rx HMO)

Termination (individual plan only)

- Fallon Senior Plan Preferred Enhanced Rx PPO

Outreach to your patients

In October 2010, Fallon Senior Plan members received their Annual Notice of Change and *Evidence of Coverage*, which gave a detailed explanation of the changes in their 2011 benefits. FCHP is holding member meetings throughout our service area, where members can come to speak directly with a Fallon Senior Plan representative. You can find a list of scheduled meetings on fchp.org/medicare-choices.

If your patients have questions

Fallon Community Health Plan will be happy to help your patients understand their options for 2011. Please refer them to Fallon Senior Plan at 1-800-868-5200 (TDD/TTY: 1-877-608-7677). We're available Monday through Friday from 8 a.m. to 8 p.m. (From November 15 to March 1, we're available seven days a week.) For patients who are members of Fallon Senior Plan through their own or their spouse's current/former employer, they should contact their benefits administrator to find out their 2011 plan coverage and benefits.

Formulary notes

In 2011, FCHP will continue to have separate formularies for commercial and Medicare Advantage members. Go to our Web site, 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 our Fallon Senior Plan Group members also can be found on our Web site.

All Fallon Senior Plan choices with the Medicare Part D benefit will continue to cover the benzodiazepine and barbiturate therapeutic category drugs that are not normally covered under Medicare Part D. Since these drugs are not covered under the Medicare Part D benefit, members who are receiving Medicare's extra help (low-income subsidy) won't have their cost-sharing reduced for these drugs.

2011 Fallon Senior Plan HMO Medical benefits overview (orange = 2011 changes)

| Benefit | Fallon Senior Plan Saver HMO Fallon Senior Plan Saver Basic Rx HMO Fallon Senior Plan Saver Enhanced Rx HMO | Fallon Senior Plan Standard HMO Fallon Senior Plan Standard 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 |
| Provider network | 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 |
| Inpatient hospital and mental health care (For mental health care, contact FCHP for details about benefits beyond 190 days.) | \$500 for each stay Separate \$1,500 out-of-pocket maximums for acute, rehabilitation and mental health stays \$0 for substance abuse care Long-term care acute and inpatient rehab are covered up to 90 days | \$400 for each stay Separate \$1,200 out-of-pocket maximums for acute, rehabilitation and mental health stays \$0 for substance abuse care Long-term care acute and inpatient rehab are covered up to 90 days | \$150 for each stay Separate \$300 out-of-pocket maximums for acute, rehabilitation and mental health stays \$0 for substance abuse care Long-term care acute and inpatient rehab are covered up to 90 days |
| Skilled nursing facility care | \$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 | \$15 | \$10 |
| Physical exams | \$0 for one physical exam a year | \$0 for one physical exam a year | \$0 for one physical exam a year |
| Specialist visits | \$30 | \$25 | \$15 |
| Chiropractic services | \$30 No prior authorization required | \$25 No prior authorization required | \$15 No prior authorization required |
| Podiatry | \$30 for medically-necessary foot care visits | \$25 for medically-necessary foot care visits | \$15 for medically-necessary foot care visits |
| Outpatient mental health care | \$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 |
| Outpatient rehabilitation | | | |
| Same-day surgery | \$150 for each same-day surgical procedures | \$125 for each same-day surgical procedures | \$50 for each same-day surgical procedures |

2011 Fallon Senior Plan HMO Medical benefits overview (orange = 2011 changes)

| Benefit | Fallon Senior Plan Saver HMO Fallon Senior Plan Saver Basic Rx HMO Fallon Senior Plan Saver Enhanced Rx HMO | Fallon Senior Plan Standard HMO Fallon Senior Plan Standard Rx HMO | Fallon Senior Plan Plus Enhanced Rx HMO |
|---|---|---|---|
| Ambulance services | \$75 \$300 out-of-pocket maximum | \$75 \$300 out-of-pocket maximum | \$50 \$200 out-of-pocket maximum |
| 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 |
| Urgently needed care | \$25 | \$15 | \$10 |
| Durable medical equipment¹ | 10% of the cost | 10% of the cost | 10% of the cost |
| Prosthetic devices | | | |
| Diagnostic tests, X-rays and lab services Note: Prior authorization and referral are still required for diagnostic/therapeutic radiology. | \$0 for clinical/diagnostic lab services and radiation therapy FSP Saver and FSP Saver Enhanced Rx: \$125 for each CT, PET and MRI scans and nuclear study (\$500 out-of-pocket maximum) FSP Saver Basic Rx: \$140 for each CT, PET and MRI scans and nuclear study (\$560 out-of-pocket maximum) No prior authorization and no referral required for procedures, test and lab services. | \$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) No prior authorization and no referral required for procedures, test and lab services. | \$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) No prior authorization and no referral required for procedures, test and lab services. |
| Nutrition therapy for ESRD or diabetes | \$0 | \$0 | \$0 |
| Dental services | \$25 to \$30 for Medicare-covered services In general, preventive dental benefits (such as cleaning) are not covered. | \$15 to \$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 | \$10 to \$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. \$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 |

2011 Fallon Senior Plan HMO Medical benefits overview (orange = 2011 changes)

| Benefit | Fallon Senior Plan Saver HMO Fallon Senior Plan Saver Basic Rx HMO Fallon Senior Plan Saver Enhanced Rx HMO | Fallon Senior Plan Standard HMO Fallon Senior Plan Standard Rx HMO | Fallon Senior Plan Plus Enhanced Rx HMO |
|--|---|---|---|
| Vision services | \$30 for exams to diagnose and treat diseases and conditions of the eye \$0 for glaucoma tests \$30 for one routine exam every two years | \$25 for exams to diagnose and treat diseases and conditions of the eye \$0 for glaucoma tests \$25 for one routine exam every two years | \$15 for exams to diagnose and treat diseases and conditions of the eye \$0 for glaucoma tests \$15 for one routine exam every two years |
| U.S. travel benefit² | Doctor office visits - \$25 PCP/\$30 podiatrist and related outpatient diagnostic tests, X-rays and lab services are covered. No specialist visits except podiatry are covered. | Doctor office visits - \$15 PCP/\$25 podiatrist and related outpatient diagnostic tests, X-rays and lab services are covered. No specialist visits except podiatry are covered. | Doctor office visits - \$10 PCP/\$15 podiatrist and related outpatient diagnostic tests, X-rays and lab services are covered. No specialist visits except podiatry are covered. |

¹ **Additional DME and supplies coverage by Fallon Senior Plan HMO includes:**

- Up to 3 pairs of gradient compression garments per condition OR up to 3 individual extremity garments for unilateral conditions, per calendar year are covered when ordered or prescribed by a plan provider for the treatment of lymphedema or open venous stasis ulcers. The garment can be prefabricated or custom-made to provide optimal gradient compression.
- Oral device/appliances and apnea monitors with or without recording feature are covered for the treatment of obstructive sleep apnea.
- **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% 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.**

² **When a member is traveling for up to 6 months** 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, the Medicare-covered services listed below are covered when received from a provider that accepts Medicare.

- Primary care and podiatry office visits are covered.
- 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

2011 Fallon Senior Plan HMO prescription drug coverage overview (orange = 2011 changes)

| Benefit | Fallon Senior Plan Saver HMO and Fallon Senior Plan Standard HMO (no Part D) | Fallon Senior Plan Saver Basic Rx HMO | Fallon Senior Plan Saver Enhanced Rx HMO | Fallon Senior Plan Standard Rx HMO | Fallon Senior Plan Plus Enhanced Rx HMO |
|---------------------------------------|---|--|--|--|--|
| Part B drugs | For up to a 30-day supply: \$5 Tier 1 \$20 Tier 2 \$50 Tier 3 \$50 Tier 3 | For up to a 30-day supply: \$5 Tier 1 \$20 Tier 2 \$50 Tier 3 | For up to a 30-day supply: \$3 Tier 1 \$15 Tier 2 \$50 Tier 3 | For up to a 30-day supply: \$3 Tier 1 \$25 Tier 2 \$50 Tier 3 | For up to a 30-day supply: \$3 Tier 1 \$15 Tier 2 \$50 Tier 3 |
| Non-Part D covered drugs | NA | For up to a 30-day supply: \$5 Tier 1 \$20 Tier 2 \$55 Tier 3 25% of the cost for Tier 4 | For up to a 30-day supply: \$3 Tier 1 \$15 Tier 2 \$55 Tier 3 | For up to a 30-day supply: \$3 Tier 1 \$25 Tier 2 \$65 Tier 3 | For up to a 30-day supply: \$3 Tier 1 \$15 Tier 2 \$55 Tier 3 |
| Part D deductible | NA | \$310 | NA | NA | NA |
| Part D initial coverage period | NA | \$310 to \$2,840 | \$0 to \$2,840 | \$0 to \$2,840 | \$0 to \$2,840 |
| Part D coverage gap | NA | For up to a 30-day supply: \$5 Tier 1 \$20 Tier 2 \$55 Tier 3 25% of the cost for Tier 4 After the total yearly drug costs (paid by both member and Fallon Senior Plan) reach \$2,840, members pay a discounted cost on brand drugs and 93% of generic prescription drug costs. | For up to a 30-day supply: \$3 Tier 1 \$15 Tier 2 \$55 Tier 3 After the total yearly drug costs (paid by both member and Fallon Senior Plan) reach \$2,840, members pay a discounted cost on brand drugs and 93% of generic prescription drug costs. | For up to a 30-day supply: \$3 Tier 1 \$25 Tier 2 \$65 Tier 3 After the total yearly drug costs (paid by both member and Fallon Senior Plan) reach \$2,840, members pay a discounted cost on brand drugs and 93% of generic prescription drug costs. | For up to a 30-day supply: \$3 Tier 1 \$15 Tier 2 \$55 Tier 3 After the total yearly drug costs (paid by both member and Fallon Senior Plan) reach \$2,840, members pay a discounted cost on brand drugs and 93% of generic prescription drug costs. |
| Part D catastrophic coverage | NA | After the yearly out-of-pocket drug costs reach \$4,550, they pay the greater of: \$2.50 for generic or a preferred-brand drug and \$6.30 for all other drugs, or 5% coinsurance. | After the yearly out-of-pocket drug costs reach \$4,550, they pay the greater of: \$2.50 for generic or a preferred-brand drug and \$6.30 for all other drugs, or 5% coinsurance. | After the yearly out-of-pocket drug costs reach \$4,550, they pay the greater of: \$2.50 for generic or a preferred-brand drug and \$6.30 for all other drugs, or 5% coinsurance. | After the yearly out-of-pocket drug costs reach \$4,550, they pay the greater of: \$2.50 for generic or a preferred-brand drug and \$6.30 for all other drugs, or 5% coinsurance. |

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 2010

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

- Introducing Medicare Supplement
- Summit ElderCare – authorizations and referrals
- MassHealth: PCPs continue to increase rate of behavioral health screenings
- Formulary changes – commercial plan and Medicare Part D

Connection is a bimonthly publication for all FCHP ancillary and affiliated providers. The next copy deadline is **November 8, 2010**.

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