

# FCHP products



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## FCHP PRODUCTS

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Fallon Community Health Plan (FCHP) offers a commercial HMO product, as well as a variety of other targeted products designed to meet the changing needs of our members.

To view benefit summaries, which includes all exclusions for the plans, please click on the links below in blue.

### FCHP HMO PLANS

With our HMO plans, FCHP members choose a primary care physician (PCP) from the health care options described below. Their PCP helps manage the member's care and arranges for all of their health care needs, including referrals to specialists. The only differences between these options are the choice of physicians and hospitals.

#### FCHP Direct Care

FCHP Direct Care members must choose a PCP from within the FCHP Direct Care provider network. Members who choose a Reliant Medical Group PCP may self-refer to any specialist\*. All other groups will follow the same referral procedures for FCHP Direct Care as they do for FCHP Select Care. Prior authorization from the plan is required for all specialty services performed outside of the FCHP Direct Care network.

FCHP Direct Care coverage options include:

*Premium Saver options* – affordable options that strike a balance between lower monthly premiums and slightly higher out-of-pocket expenses.

*[Deductible options](#)* – reduce your monthly premiums even further through the use of an annual deductible for certain services. The deductible must be met before the plan begins to provide benefits.

*[Inpatient copayment options](#)* – no deductibles, but there is a copayment on hospital admissions.

*[Care Choice high-deductible options](#)* – our lowest-cost plans that can be partnered with a health savings account to help pay for out-of-pocket costs, giving you even more flexibility when it comes to cost savings.

Every FCHP Direct Care product includes a rich core of benefits and include [It Fits!](#), [Oh Baby!](#), the [Peace of Mind Program™](#) and [Naturally Well](#).

#### Steward Community Care

FCHP Steward Community Care members must choose a PCP from within the Steward

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## FCHP PRODUCTS

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Community Care provider network. Members will follow the same referral procedures for FCHP Steward Community Care as they do for FCHP Direct and Select Care. Prior authorization from the plan is required for all specialty services performed outside of the FCHP Steward Community Care network.

FCHP Steward Community Care coverage options include:

*Premium Saver options* – affordable options that strike a balance between lower monthly premiums and slightly higher out-of-pocket expenses.

[\*Deductible options\*](#) – reduce your monthly premiums even further through the use of an annual deductible for certain services. The deductible must be met before the plan begins to provide benefits.

[\*Inpatient copayment options\*](#) – no deductibles, but there is a copayment on hospital admissions.

[\*Care Choice high-deductible options\*](#) – our lowest-cost plans that can be partnered with a health savings account to help pay for out-of-pocket costs, giving you even more flexibility when it comes to cost savings.

Every FCHP Steward Community Care product includes a rich core of benefits and include [It Fits!](#), [Oh Baby!](#), and [Naturally Well](#).

### Commonwealth Care

Commonwealth Care is a program run by the Commonwealth Health Insurance Connector Authority (The Connector). This program connects qualified Massachusetts residents with affordable health insurance if they do not have health insurance coverage. Those eligible must have a combined family income that falls under 300% of the federal poverty level (FPL).

#### [Plan types](#)

There are three plan types. Plan Type 1 is for those that fall below 100% of the FPL. This plan is completely subsidized by the Commonwealth. Plan types 2 and 3 are for those whose income is between 100.1% and 300% of the FPL.

### FCHP Select Care

FCHP Select Care members choose a PCP from the FCHP Select Care network. Members who choose a Reliant Medical Group PCP may self-refer to any Reliant Medical Group specialist\*. FCHP Select Care members with any other PCP must obtain a PCP referral to receive specialty care.

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## FCHP PRODUCTS

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FCHP Select Care coverage options include:

*Premium Saver options* – affordable options that strike a balance between lower monthly premiums and slightly higher out-of-pocket expenses.

[Deductible options](#) – reduce your monthly premiums even further through the use of an annual deductible for certain services. The deductible must be met before the plan begins to provide benefits.

[Inpatient copayment options](#) – no deductibles, but there is a copayment on hospital admissions.

[Care Choice high-deductible options](#) – our lowest-cost plans that can be partnered with a health savings account to help pay for out-of-pocket costs, giving you even more flexibility when it comes to cost savings.

FCHP Select Care products include a rich core of benefits and include [It Fits!](#), [Oh Baby!](#), the [Peace of Mind Program™](#) and [Naturally Well](#), each of which is described below and on [www.fchp.org](http://www.fchp.org).

\* Specialty care providers include physicians, physician assistants, nurse practitioners and nurse midwives.

### CARE CHOICE PLANS

FCHP is pleased to offer our members a wide variety of qualified high deductible health plan (HDHP) options. A qualified high-deductible health plan contains certain deductible and design requirements set by the IRS. This allows the participant in the qualified plan to participate in a health savings account (HSA), a tax-advantaged way to help pay for current or save for future medical expenses. All of FCHP's qualified high deductible plans fall under the name, "[Care Choice](#)" and are built off our existing products as product options. For example, a member participating in Direct Care with a qualified high deductible health plan option will be enrolled in 'Direct Care Choice'.

### TAX-ADVANTAGED ACCOUNTS

There are several different types of tax-advantaged accounts approved by the IRS to help pay for qualified medical expenses. They include:

#### **Flexible Spending Accounts (FSA)**

Flexible Spending Accounts (FSAs) are the oldest type of tax-advantaged account. These accounts are owned by the Employer and typically funded by

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## FCHP PRODUCTS

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the employee with a pre-tax payroll deduction. Employees can use these funds to pay for qualified medical expenses. If the funds are not used during a specific time frame, they are no longer available for use by the employee. This is often referred to as the 'use-it-or-lose-it' provision to FSAs. There are no restrictions on the type of health plan a member must be enrolled in to open an FSA. Contribution limits are set by the employer.

### **Health Savings Accounts (HSA)**

Health Savings Accounts (HSAs), introduced in 2004, are a form of tax-advantaged account. Members must be enrolled in a qualified high deductible health plan (HDHP) to be eligible to open an HSA. Both employers and employees can contribute to HSAs, however, the funds are owned by the employee and should they change jobs, are portable. Members can choose to use the funds for non-qualified medical expenses, however they must pay a 10% penalty in addition to taxes on the withdrawal amount. Funds do roll over from year to year and members who open a health savings account will receive tax advantages on contributions, withdrawals and any interest earned on the account. Contribution limits are set by the IRS and indexed annually. FCHP has partnered with Sovereign Bank as our preferred HSA vendor.

### **Health Reimbursement Accounts (HRA)**

Health Reimbursement Accounts (HRA) are another form of tax-advantaged account. While members can open an HRA with any type of health plan, they are most commonly used in conjunction with a HDHP. These funds are owned and funded by the employer and the employer can choose what qualified medical expenses will be covered by the HRA. Funds can rollover from year to year.

For more information on the differences between FSAs, HSAs and HRAs, please see our [Comparison Guide to HSAs, HRAs and FSAs](#).

## **ADDITIONAL PLANS**

### **FCHP Flex Care Direct**

FCHP Flex Care Direct is a point of service plan. This product works the same way as FCHP Direct Care, except that the member has the additional option to self-refer to any provider at a reduced benefit level. FCHP Flex Care Direct has a rich core of benefits and includes [It Fits!](#), [Oh Baby!](#) and [Naturally Well](#), each of which is described below and on [www.fchp.org](http://www.fchp.org).

### **FCHP Flex Care Select**

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FCHP Flex Care Select is a point of service plan. This product works the same way as FCHP Select Care, except that the member has the additional option to self-refer to any provider at a reduced benefit level. FCHP Flex Care Select has a rich core of benefits and includes [It Fits!](#), [Oh Baby!](#) and [Naturally Well](#), each of which is described below and on [www.fchp.org](http://www.fchp.org).

### **Tiered Choice**

Using a three-tier provider network, FCHP Tiered Choice is available with three different plan design options. Currently available in Berkshire, Hampden, Hampshire and Worcester counties, there are plans to continue to grow this product and expand the network. FCHP is offering three plan designs with FCHP Tiered Choice. In these designs, deductibles apply only to high-tech imaging, same day surgery and inpatient care. Every FCHP Tiered Choice product includes [It Fits!](#), [Oh Baby!](#), and [Naturally Well](#).

### **Fallon Preferred Care**

Fallon Preferred Care is a preferred provider organization (PPO) product that offers nationwide access to more than 600,000 providers through Private Healthcare Systems (PHCS) and Fallon Health & Life Assurance Company (FHLAC). Members may self-refer to any provider, but prior authorization is required for the following:

- Nonemergency inpatient admissions
- Same-day surgeries
- Hospice services
- Infertility services
- Organ transplants
- Nonemergency transportation
- Prosthetic/orthotic devices and durable medical equipment
- Genetic testing
- Neuropsychological testing
- Speech therapy services
- Anesthesia for GI endoscopy procedures
- Habilitative or rehabilitative care, including but not limited to ABA therapy
- Therapeutic care
- Oral surgery (with the exception of the extraction of impacted teeth)
- Enteral formulas and special medical formulas
- High-tech radiology, including, but not limited to, all outpatient MRI/MRA, CT/CTA, PET and nuclear
- cardiology imaging studies
- Sleep study and/or sleep therapy
- Injections and injectables that are included on the formulary, that are for covered medical benefits, and that are ordered, supplied and administered by a plan provider

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- Reconstructive and restorative services
- Oxygen
- Outpatient mental health services (including intermediate care), beyond eight sessions

All Fallon Preferred Care plan options include copayments, deductibles and coinsurance. Providers are contracted with FHLAC, which directly contracts with Fallon Preferred Care providers and facilities to make up the primary network in Massachusetts and PHCS. The member benefits are explained in the FCHP Evidence of Coverage/Member Handbook. If a provider has a contract with both FHLAC and PHCS, the terms of the FHLAC agreement prevail unless otherwise specified in the individual provider contract.

Most medical management functions for Fallon Preferred Care will be managed by FCHP for Massachusetts residents and American Health Holdings for out of state residents. Members will be issued unique identification cards including the PHCS logo. The Customer Service telephone number and the Medical Management telephone number for Massachusetts PPO members is 888-468-1541. The Customer Service telephone number for non-Massachusetts PPO members is 888-468-1541 and the Medical Management telephone number for non-Massachusetts PPO members is 866-353-1787.

Fallon Preferred Care members must use the CVS/CAREMARK network. PPO members must follow the prescription drug formulary found online at [www.fchp.org](http://www.fchp.org). It is important to note, however, that PHCS is not contracted with CVS/CAREMARK Specialty Services. Therefore, drugs covered under the medical benefit, generally injectibles that are administered in a physician's office or under other professional supervision, must be obtained by the provider and then billed to Fallon Health & Life Assurance Company on a claim form from the provider rather than a specialty vendor. Claims should be sent to Fallon Health & Life Assurance Company, P.O. Box 15207, Worcester, MA 01615-0207.

Like our HMO products, Fallon Preferred Care has several plan design options available:

*Premium Saver options* – affordable options that strike a balance between lower monthly premiums and slightly higher out-of-pocket expenses.

*Deductible options* – reduce your monthly premiums even further through the use of an annual deductible for certain services. The deductible must be met before the plan begins to provide benefits.

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[Inpatient copayment options](#) – no deductibles, but there is a copayment on hospital admissions.

[Care Choice high-deductible options](#) – our lowest-cost plans that can be partnered with a health savings account to help pay for out-of-pocket costs, giving you even more flexibility when it comes to cost savings.

Every Fallon Preferred Care product includes a rich core of benefits and include It Fits!, Oh Baby!, \$0 routine in-network physicals and Naturally Well.

### COMMONWEALTH CHOICE

Commonwealth Choice is a program which is operated by the Commonwealth Health Connector Authority. FCHP is proud to be one of seven health plans in the state participating in this program. Individuals and small groups can purchase health insurance plans directly through the Commonwealth Health Connector.

FCHP's Commonwealth Choice offerings include: FCHP Select Care Premium Saver, FCHP Direct Care and FCHP Select Care Rx Saver, FCHP Direct Care and FCHP Select Care Premium Saver 1000 Plus, FCHP Direct Care and FCHP Select Care Rx Saver 250, FCHP Direct Care and FCHP Select Care Rx Saver 2000, FCHP Direct Care and FCHP Select Care Rx Saver Choice 2000.

Young Adult Plans are sold only through the Connector and are available for young adults ages 18-26 only. FCHP is offering FCHP Select Care YAP Low, and FCHP Select Care Yap, which includes 20% coinsurance after deductible and 30% coinsurance after the deductible respectively, for some services.

The Commonwealth Health Connector has launched a website at <http://www.mahealthconnector.org/portal/site/connector>.

### MAJOR MEDICAL

This is a traditional indemnity insurance product that offers comprehensive benefits to members who want to take advantage of FCHP's health care coverage even if they live or work outside of the FCHP service area. Members arrange for all of their care by self-referring to any provider. Members pay no copayments, but are required to pay coinsurance each time they receive medical care and must meet annual deductibles before coverage is in effect.

## **BONUS FEATURES**

With the exception of the Peace of Mind program, the following bonus features are available to FCHP Direct Care, FCHP Select Care, FCHP Flex Care Direct, FCHP Flex Care Select and Fallon Preferred Care members. Please note that these features may also be available for other FCHP products on an exception basis and may vary by employer.

### **It Fits!**

Eligible FCHP members (excludes members enrolled in FCHP MassHealth) can get reimbursed up to \$400 per family contract (\$200 per individual contract) for participating in a variety of healthy activities: membership at local fitness centers, aerobics, Pilates and yoga classes (by a certified instructor), certain home fitness equipment, Weight Watchers<sup>®</sup> programs, and local town and school sports programs for all ages (when they include an aerobic and instructional component).

Members wishing to use this benefit must fill out a copy of the It Fits! reimbursement form, a copy of any/all applicable qualified health club contracts or agreements showing the beginning and ending dates of membership and the names of family members enrolled in the club and dated, original receipts from the health club or copies of bank/credit statements showing the charge for the health club membership. A brochure from the facility may be requested in some instances.

**Oh Baby!** (Available to FCHP MassHealth members effective January 2010.)

Oh Baby! is a health and wellness program available at no additional cost to eligible members who are either expecting or adopting a child. The Oh Baby! program includes:

- Prenatal vitamins and information about prenatal care
- A convertible car seat or breast pump
- The American Academy of Pediatrics' book, Caring For Your Baby and Young Child: Birth to Age 5
- Reimbursement toward the cost of childbirth classes
- A home safety kit for childproofing your home
- Exclusive discounts on baby announcements
- Drawings for \$100 American Express<sup>®</sup> Gift Cheques

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Members who would like to learn more should call Customer Service at 1-800-868-5200. FCHP MassHealth members should call FCHP MassHealth Customer Service at 1-800-341-4848.

### **Naturally Well**

Naturally Well provides all FCHP members with discounts on acupuncture, chiropractic care (in addition to any chiropractic benefit their plan may have) and massage therapy from the American Specialty Health Networks, Inc. (ASHN) credentialed network of qualified providers. Health and wellness products also are available at a reduced rate through Healthyroads, an affiliate of ASHN. The services and products are not covered benefits under their health plan coverage, but are instead offered as an extra value if they wish to use them. For more information, members can view the Healthyroads Web site at [www.healthyroads.com](http://www.healthyroads.com).

### **Healthwise<sup>®</sup> Knowledgebase**

Fallon Community Health Plan has introduced the Healthwise Knowledgebase to its Web site, [www.fchp.org](http://www.fchp.org). With this tool, for example, all your FCHP patients may research diagnosed conditions, medications and treatment options. The content is generated from a variety of reliable resources, including the National Cancer Institute, the National Organization of Rare Disorders and the American Self-Help Clearinghouse.

Healthwise<sup>®</sup> Knowledgebase is a reliable, comprehensive resource to help people be informed about their health care. Informed patients are more likely to understand their condition and take better care of themselves, as well as develop a more interactive relationship with their doctors.

### **Peace of Mind Program<sup>™</sup>**

The Peace of Mind<sup>™</sup> Program allows Direct Care and Select Care members access to specialty services at the following Boston area medical centers: Massachusetts General Hospital, Beth Israel Deaconess Medical Center, Brigham and Women's Hospital, Children's Hospital Boston, Dana-Farber Cancer Institute, and Tufts Medical Center. Members must first see an in-network specialist for the same condition within the past three months. The PCP must request prior authorization from FCHP in order for the member to see a POM specialist. Additional details on the Peace of Mind<sup>™</sup> Program can be found within the member's Evidence of Coverage.

FCHP Direct Care members already have access to Tufts Medical Center, if they

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receive a referral from their PCP. However, if they do not receive a referral, they can still use their Peace of Mind benefit to access a second opinion and specialty care at Tufts Medical Center and the other five Boston facilities within the program.

FCHP Select Care members already have access to Beth Israel Deaconess Medical Center, Children's Hospital and Tufts Medical Center, if they receive a referral from their PCP. However, if they do not receive a referral, they can still use their Peace of Mind benefit to access a second opinion and specialty care at Beth Israel Deaconess Medical Center, Children's Hospital, Tufts Medical Center and the other three Boston facilities within the program.

The Peace of Mind Program is **not available** for members enrolled in FCHP MassHealth, FCHP Flex Care, Steward Community Care, Tiered Choice, Fallon Preferred Care or Fallon Senior Plan™.

The benefits listed here are standard for most FCHP HMO/MCO plan members. Some groups have exceptions, which may include varying levels of benefits and deductibles. The office visit copayments vary. [View the Summary of Benefits for our HMO products.](#)

### **Eyewear Discounts**

FCHP members (excluding MassHealth) receive eyewear discounts at many of the optical centers listed online at [www.fchp.org](http://www.fchp.org). The first pair of frames and prescription lenses is discounted by 25%. When purchasing multiple pairs of prescription eyewear at the same time, members receive a 35% discount off those additional pairs.

Nonprescription sunglasses also are discounted 25%.

MassHealth members have the vision care component (non-medical component) covered by MassHealth. **Vision Care is defined as (non-medical component)** the prescription and dispensing of ophthalmic materials, including eyeglasses, contact lenses and other visual aids.

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## FCHP PRODUCTS

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### SUMMARY OF BENEFITS

#### FCHP Direct Care Plan Design Options

*Premium Saver – Inpatient Copayment Options*

<a href="#">Premium Saver I</a>
<a href="#">Premium Saver II</a>
<a href="#">Premium Saver Value I</a>
<a href="#">Premium Saver Basic I</a>
<a href="#">Premium Saver Basic II</a>
<a href="#">Premium Saver 65/35</a>

*Premium Saver – Deductible Options*

<a href="#">Premium Saver 500</a>
<a href="#">Premium Saver 1000</a>
<a href="#">Premium Saver 1000 Classic</a>
<a href="#">Premium Saver 1500</a>
<a href="#">Premium Saver 1500 Classic</a>
<a href="#">Premium Saver 2000 Classic</a>
<a href="#">Premium Saver 2000/500 I</a>
<a href="#">Premium Saver 2000/500 II</a>
<a href="#">Premium Saver 3000 with Rx</a>

*Care Choice High Deductible Options*

<a href="#">Care Choice 1250</a>
<a href="#">Care Choice 2000</a>

#### FCHP Select Care Plan Design Options

*Premium Saver – Inpatient Copayment Options*

<a href="#">Premium Saver I</a>
<a href="#">Premium Saver II</a>
<a href="#">Premium Saver Value I</a>
<a href="#">Premium Saver Basic I</a>
<a href="#">Premium Saver Basic II</a>

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[Premium Saver 65/35](#)

*Premium Saver– Deductible Options*

<a href="#">Premium Saver 500</a>
<a href="#">Premium Saver 1000</a>
<a href="#">Premium Saver 1000 Classic</a>
<a href="#">Premium Saver 1500</a>
<a href="#">Premium Saver 1500 Classic</a>
<a href="#">Premium Saver 2000 Classic</a>
<a href="#">Premium Saver 2000/500 I</a>
<a href="#">Premium Saver 2000/500 II</a>
<a href="#">Premium Saver 3000 with Rx</a>

*Care Choice High Deductible Options*

<a href="#">Care Choice 1250</a>
<a href="#">Care Choice 2000</a>

### Fallon Preferred Care Plan Design Options

*Premium Saver – Inpatient Copayment Options*

<a href="#">Premium Saver I</a>
<a href="#">Premium Saver II</a>
<a href="#">Premium Saver Value I</a>
<a href="#">Premium Saver Basic I</a>
<a href="#">Premium Saver Basic II</a>

*Premium Saver – Deductible Options*

<a href="#">Premium Saver 500</a>
<a href="#">Premium Saver 1000</a>
<a href="#">Premium Saver 1000 Classic</a>
<a href="#">Premium Saver 1500</a>
<a href="#">Premium Saver 1500 Classic</a>
<a href="#">Premium Saver 2000 Classic</a>

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<a href="#">Premium Saver 2000/500 I</a>
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<a href="#">Premium Saver 2000/500 II</a>
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*Care Choice High Deductible Options*

<a href="#">Care Choice 1250</a>
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<a href="#">Care Choice 2000</a>
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### FCHP Steward Community Care Plan Design Options

*Premium Saver – Inpatient Copayment Options*

<a href="#">Premium Saver I</a>
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<a href="#">Premium Saver II</a>
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<a href="#">Premium Saver Value I</a>
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<a href="#">Premium Saver Basic I</a>
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<a href="#">Premium Saver Basic II</a>
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<a href="#">Premium Saver 65/35</a>
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*Premium Saver – Deductible Options*

<a href="#">Premium Saver 500</a>
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<a href="#">Premium Saver 1000</a>
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<a href="#">Premium Saver 1000 Classic</a>
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<a href="#">Premium Saver 1500</a>
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<a href="#">Premium Saver 1500 Classic</a>
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<a href="#">Premium Saver 2000 Classic</a>
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<a href="#">Premium Saver 2000/500 I</a>
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<a href="#">Premium Saver 2000/500 II</a>
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<a href="#">Premium Saver 3000 with Rx</a>
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*Care Choice High Deductible Options*

<a href="#">Care Choice 1250</a>
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<a href="#">Care Choice 2000</a>
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## FCHP PRODUCTS

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### Tiered Choice

- [\\$0 Deductible](#)
- [\\$0/\\$1000 Deductible](#)
- [\\$1000 Deductible](#)

### Commonwealth Care

- [Plan type 1](#)
- [Plan type 2](#)
- [Plan type 3](#)

### MassHealth

- [MassHealth Covered Services Basic](#)
- [MassHealth Covered Services Standard/CommonHealth](#)
- [MassHealth Covered Services Family Assistance](#)
- [MassHealth Covered Services Essential](#)

## **FALLON SENIOR PLAN™ HMO & PPO (MEDICARE ADVANTAGE)**

Fallon Senior Plan continues to offer people with Medicare comprehensive products for 2012, including plans with and without Part D prescription drug coverage. Below is an overview of the benefits for each of the Medicare Advantage HMO plan type for individual consumers.

Fallon Senior Plan HMO plans for individuals have a range of premiums-. The monthly plan premium and the level of benefit coverage vary by plan choice and by county. Our Fallon Senior Plan Medicare Group premiums also vary by Group.

Our Medicare Advantage HMO plans cover more than Original Medicare alone. We have a number of plans to fit different needs. We also offer two different levels of Medicare prescription drug coverage (Part D), as well as plans without drug coverage.

Our HMO plans for individuals are:

- 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

FCHP also offers Medicare Employer Group HMO and PPO plans for Medicare-eligible retirees/employees and their spouses. Our Fallon Senior Plan Medicare Advantage Group premiums also vary by Group.

Our HMO and PPO plans for Employer Groups are:

- Fallon Senior Plan Premier HMO
- Fallon Senior Plan Premier Preferred PPO

### **Our HMO provider network**

With our Fallon Senior Plan (HMO) provider network, members can choose from thousands of doctors and facilities located in central and western Massachusetts. HMO members choose a primary care physician (PCP) from the network. The PCP

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## FALLON SENIOR PLAN

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coordinates all of the member's care and provides referrals, if required, to see a specialist.

### Benefits overview

Our HMO plans include:

- **Free preventive services including a routine annual physical exam**
- **Dental care benefits** (exclude FSP Saver plans and a few retiree groups)
- **Worldwide emergency coverage**
- Free membership in the [SilverSneakers® Fitness Program](#)
- A 12-consecutive-week membership in **Weight Watchers®**
- **Vision care**, including eyeglasses, every two years

Members of our Medicare Advantage Group HMO plan (Fallon Senior Plan Premier HMO) also access the Fallon Senior Plan (HMO) provider network. Most employer group plans include enhanced drug coverage and additional benefits that vary by group.

## FALLON SENIOR PLAN

### 2012 Fallon Senior Plan medical benefits overview

Orange = 2012 changes or additions

Benefit	Fallon Senior Plan Super Saver Rx HMO	Fallon Senior Plan Saver HMO Saver Rx 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	\$0	\$0	\$0	\$0

## FALLON SENIOR PLAN

Orange = 2012 changes or additions

Benefit	Fallon Senior Plan Super Saver Rx HMO	Fallon Senior Plan Saver HMO Saver Rx HMO Saver Enhanced Rx HMO	Fallon Senior Plan Standard HMO Standard Enhanced Rx HMO	Fallon Senior Plan Plus Enhanced Rx HMO
cost-sharing including annual physical exam				
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
Outpatient mental health care Outpatient substance abuse care	\$40 Prior authorization required after 8 visits for mental health, psychiatric, or substance abuse services	\$30 Prior authorization required after 8 visits for mental health, psychiatric, or substance abuse services	\$25 Prior authorization required after 8 visits for mental health, psychiatric, or substance abuse services	\$15 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 \$300 out-of-pocket maximum	\$75 \$300 out-of-pocket maximum	\$50 \$200 out-of-pocket maximum
Emergency care	\$65 (waived if admitted to the hospital within 72 hours for same condition) Worldwide coverage	\$65 (waived if admitted to the hospital within 72 hours for same condition) Worldwide coverage	\$65 (waived if admitted to the hospital within 72 hours for same condition) Worldwide coverage	\$65 (waived if admitted to the hospital within 72 hours for same condition) Worldwide coverage
Urgently needed care	\$25	\$25	\$15	\$10

## FALLON SENIOR PLAN

Orange = 2012 changes or additions

Benefit	Fallon Senior Plan Super Saver Rx HMO	Fallon Senior Plan Saver HMO Saver Rx HMO Saver Enhanced Rx HMO	Fallon Senior Plan Standard HMO Standard Enhanced Rx HMO	Fallon Senior Plan Plus Enhanced Rx HMO
Outpatient rehabilitation services	\$20	\$20	\$20	\$10
Durable medical equipment  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	<p>\$0 for clinical/diagnostic lab services and radiation therapy</p> <p>\$150 for each CT, PET and MRI scans and nuclear study</p> <p>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.</p>	<p>\$0 for clinical/diagnostic lab services and radiation therapy</p> <p>\$125 for each CT, PET and MRI scans and nuclear study (\$500 out-of-pocket maximum)</p> <p>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.</p>	<p>\$0 for clinical/diagnostic lab services and radiation therapy</p> <p>\$100 for each CT, PET and MRI scans and nuclear study (\$400 out-of-pocket maximum)</p> <p>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.</p>	<p>\$0 for clinical/diagnostic lab services and radiation therapy</p> <p>\$75 for each CT, PET and MRI scans and nuclear study (\$300 out-of-pocket maximum)</p> <p>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.</p>

## FALLON SENIOR PLAN

Orange = 2012 changes or additions

Benefit	Fallon Senior Plan Super Saver Rx HMO	Fallon Senior Plan Saver HMO Saver Rx HMO Saver Enhanced Rx HMO	Fallon Senior Plan Standard HMO Standard Enhanced Rx HMO	Fallon Senior Plan Plus Enhanced Rx HMO
<b>Dental services</b>	<p><b>\$40 for Medicare-covered services</b></p> <p><b>In general, preventive dental benefits (such as cleaning) not covered.</b></p>	<p><b>\$30 for Medicare-covered services</b></p> <p>In general, preventive dental benefits (such as cleaning) are not covered.</p>	<p><b>\$25 for Medicare-covered services</b></p> <p>\$25 for one oral exam twice per year that includes cleaning, fluoride treatment and X-rays</p> <p>\$22 to \$990 for fillings, crowns, root canals, gum disease procedures, simple extractions and dentures</p>	<p><b>\$15 for Medicare-covered services</b></p> <p>\$25 for one oral exam twice per year that includes cleaning, fluoride treatment and X-rays</p> <p>\$22 to \$990 for fillings, crowns, root canals, gum disease procedures, simple extractions and dentures</p>
<b>Hearing services</b>	<p><b>In general, routine hearing exams and hearing aids not covered.</b></p> <p><b>\$40 for diagnostic hearing exams</b></p>	<p>In general, routine hearing exams and hearing aids not covered.</p> <p>\$30 for diagnostic hearing exams</p>	<p>In general, routine hearing exams and hearing aids not covered.</p> <p>\$25 for diagnostic hearing exams</p>	<p>In general, routine hearing exams and hearing aids not covered.</p> <p>\$15 for diagnostic hearing exams</p>
<b>Vision services</b>	<p><b>\$40 for exams to diagnose and treat diseases and conditions of the eye</b></p> <p><b>\$0 for glaucoma tests</b></p> <p><b>\$40 for one routine exam every year</b></p> <p><b>\$0 for up to one pair of glasses or contacts every year</b></p> <p><b>\$150 plan coverage limit for eyewear every year</b></p>	<p>\$30 for exams to diagnose and treat diseases and conditions of the eye</p> <p>\$0 for glaucoma tests</p> <p>\$30 for one routine exam <b>every year</b></p> <p><b>\$0 for up to one pair of glasses or contacts every year</b></p> <p><b>\$150 plan coverage limit for eyewear every year</b></p>	<p>\$25 for exams to diagnose and treat diseases and conditions of the eye</p> <p>\$0 for glaucoma tests</p> <p>\$25 for one routine exam <b>every year</b></p> <p><b>\$0 for up to one pair of glasses or contacts every year</b></p> <p><b>\$150 plan coverage limit for eyewear every year</b></p>	<p>\$15 for exams to diagnose and treat diseases and conditions of the eye</p> <p>\$0 for glaucoma tests</p> <p>\$15 for one routine exam <b>every year</b></p> <p><b>\$0 for up to one pair of glasses or contacts every year</b></p> <p><b>\$150 plan coverage limit for eyewear every year</b></p>

**FALLON SENIOR PLAN**

Orange = 2012 changes or additions

Benefit	Fallon Senior Plan Super Saver Rx HMO	Fallon Senior Plan Saver HMO Saver Rx HMO Saver Enhanced Rx HMO	Fallon Senior Plan Standard HMO Standard Enhanced Rx HMO	Fallon Senior Plan Plus Enhanced Rx HMO
U.S. travel benefit	Not covered	No longer covered	No longer covered	No longer covered

<sup>1</sup> Additional DME and supplies 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 FSP 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.

## FALLON SENIOR PLAN

### 2012 Fallon Senior Plan HMO prescription drug medical benefits overview

Orange = 2012 changes or additions

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
<b>Part B drugs</b>	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
<b>Non-Part D covered drugs</b>	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
<b>Part D deductible</b>	NA	\$320	NA
<b>Part D initial coverage period</b>	NA	\$310 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	\$0 to \$2,930  For up to a 30-day supply: \$4 Tier 1 \$20 Tier 2 \$55 Tier 3
<b>Part D coverage gap</b>	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.
<b>Part D catastrophic coverage</b>	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.

### Our PPO provider network

Fallon Senior Plan Premier Preferred PPO for group retiree members can access the Fallon Senior Plan (PPO) provider network.

With our Fallon Senior Plan (PPO) network, retiree group members have access to thousands of doctors in Central Massachusetts. PPO members do not have to choose a PCP and do not have to get referrals for specialty care.

PPO members can also go to doctors and facilities out-of-network, but they may pay more than if they receive services from an in-network provider.

### Benefits include:

- Free preventive services including a routine annual physical exam
- Worldwide emergency coverage
- Free membership in the [SilverSneakers® Fitness Program](#)
- Weight Watchers®
- Vision care, including eyeglasses, every two years

### Provider promotional activities & communications with Fallon Senior Plan members on behalf of FCHP

Contact your provider relations representative in the event you would like to develop informational materials for FSP members or other Medicare beneficiaries. Such communications are subject to CMS review and approval in accordance with 42 CFR §422.80(a) – (c).

If you have any questions regarding the following activities, please call your provider relations representative to discuss the guidance provided in the current version of the Medicare Marketing Guidelines:

- 70.8 - Marketing/Sales Events
- 70.8.1 - Additional Guidance for Marketing Events in the Provider Setting
- 70.8.2 Plan Activities and Materials in the Health Care Setting
- 70.8.3 Provider-based Activities
- 70.8.4 Provider Affiliation Information
- 70.8.6 Comparative and Descriptive Plan Information
- 70.8.7 Comparative and Descriptive Plan Information Provided by a Non-Benefit/Service Providing Third-Party
- 70.8.8 Providers/Provider Group Web Sites
- 70.5.1 - Specific Guidance on Third-party Contact

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## FALLON SENIOR PLAN

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- Leads from Providers strictly prohibited:
  - i. FCHP and FCHP contracted providers are responsible for following all Federal and State laws regarding confidentiality and disclosure of patient information to plan sponsors for marketing purposes.

This obligation includes compliance with the provisions of the HIPAA privacy rule and its specific rules regarding uses and disclosures of beneficiary information.

### EVIDENCE OF COVERAGE (EOC)

An EOC is a booklet that we provide to members. It's part of their contract with us and it describes their complete benefits as well as how to use the plan.

Fallon Senior Plan HMO:

- [Fallon Senior Plan Super Saver Rx HMO](#)
- [Fallon Senior Plan Saver HMO](#)
- [Fallon Senior Plan Saver Rx HMO](#)
- [Fallon Senior Plan Saver Enhanced Rx HMO](#)
- [Fallon Senior Plan Standard HMO](#)
- [Fallon Senior Plan Standard Enhanced Rx HMO](#)
- [Fallon Senior Plan Plus Enhanced Rx HMO](#)

Medicare Group Plans:

Please contact FCHP for Medicare Group EOCs because the benefits vary by Group.

### FALLON SENIOR PLAN™ MEDICARE SUPPLEMENT

Fallon Senior Plan's two Medicare Supplement plans, "Core" and "1" were launched on January 1st 2011. Members pay a higher premium than our very popular Medicare Advantage HMO plans so that they have more flexibility. They pay little to nothing for health care expenses such as deductibles, coinsurance and other services that are not covered after Medicare has covered its portion of the costs. A brief summary of benefits is listed in the table below.

Our two Medicare supplement plans have different levels of coverage and premiums. With Medicare Supplement plans, there are no networks, members do not have to designate a PCP and they can see any Medicare provider without referrals. For more details about this product or to find out about our

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## FALLON SENIOR PLAN

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Prescription Drug Plan (PDP) options, call our Provider Relations Department at 1-866-275-3247, prompt 4.

### Brief Summary of Fallon Senior Plan Medicare Supplement benefits

	Fallon Senior Plan Medicare Supplement Core	Fallon Senior Plan Medicare Supplement I
Hospitalization	\$0 after \$1,156 Part A deductible	\$0
Home Health Care	\$0	\$0
Doctor office visits	\$0 after \$140 Part B deductible	\$0
Specialist office visits	\$0 after \$140 Part B deductible	\$0
Emergency Room visits	\$0 after \$140 Part B deductible	\$0
Inpatient and same-day surgery	\$0 after \$140 Part B deductible	\$0
Diagnostic tests (Radiology, MRI, CT, PET and nuclear imaging)	\$0 after \$140 Part B deductible	\$0
Physical and speech therapy	\$0 after \$140 Part B deductible	\$0
SilverSneakers® Fitness program — Includes a free basic membership at participating fitness facilities throughout the U.S.	\$0	\$0
Nurse Connect—Free telephone and online access to registered nurses 24 hours a day, seven days a week, 365 days a year.	\$0	\$0
Foreign Travel	Not covered	\$0
Non-Part B Drugs	Not covered	Not covered

*The benefit information provided herein is a brief summary, not a comprehensive description of benefits.*

*SilverSneakers® is a registered trademark of Healthways.*

### FALLON COMPANION CARE (WRAP)

A Medicare Part A and B Wrap plan which is available to retirees and their spouses who live outside of our Medicare Advantage service areas.

**NaviCare®**

NaviCare is the product name for FCHP's Senior Care Options program. It provides coordinated care and coverage for seniors who are 65 or older, live in the service area and are eligible for MassHealth Standard. Plan benefits include all Medicare and Medicaid benefits, such as physician office visits, prescription and over-the-counter drugs as well as transportation to physician appointments. With NaviCare members receive a comprehensive package of medical, social and long term care services and there are no premiums, co-payments or coinsurance for the member. A team of doctors, nurses, social workers and other health care professionals work together to build a personalized care plan for each enrollee.

NaviCare® HMO SNP is for seniors who:

- Are 65 or older
- Live in the service area
- Have Medicare Parts A and B, and MassHealth Standard

NaviCare® SCO is for seniors who:

- Are 65 or older
- Live in the service area
- Have MassHealth Standard  
(and may have Medicare Parts A and B)

**NaviCare® resources**

- [2012 Clinical Practice Initiatives for NaviCare® HMO SNP](#) (PDF)
- [Recommended Adult Immunization Schedule](#) (PDF)

**FCHP MassHealth**

Please review FCHP MassHealth Coverage Lists (starting on the following page) for more information:

Individuals enrolled with FCHP through the Commonwealth of Massachusetts Executive Office of Health and Human Services (EOHHS), depending upon their MassHealth category, are enrolled in one of the following programs; FCHP MassHealth Standard, FCHP MassHealth CommonHealth, FCHP MassHealth Basic, FCHP MassHealth Family Assistance and FCHP MassHealth Essential. The benefits for these programs are slightly different from each other and are included later in this section.

Fallon Community Health Plan (FCHP) members who are enrolled through MassHealth have some nonstandard benefits that provide additional coverage for some services through FCHP. FCHP also coordinates access to additional coverage through MassHealth.

**FCHP Contact Information:**

The Fallon Community Health Plan (FCHP) MassHealth Customer Service Department is available to assist members and member prospects with their servicing needs. The direct telephone number is 800-341-4848. TDD/TTY access for those who are hearing impaired is 877-608-7677.

Providers with questions should call the toll free provider service line at 866-ASK-FCHP (866-275-3247).

MassHealth contact numbers and hours of operation:

- MassHealth Member Customer Service Center 1-800-841-2900  
Hours of operation: 8AM-5PM
- MassHealth Dental Customer Service Center 1-800-207-5019  
Hours of operation: 8AM-5PM
- MassHealth Provider Services 1-800-841-2900  
Email: [providersupport@mahealth.net](mailto:providersupport@mahealth.net)  
Hours of operation: 8AM-5PM
- MassHealth Eligibility Verification System (EVS) Provider Help Desk  
1-800-462-7738

**VERIFYING ELIGIBILITY**

FCHP requires verifying the eligibility of FCHP MassHealth members. Please refer to the online eligibility tool at [www.fchp.org](http://www.fchp.org), or call the FCHP MassHealth Customer Service Department at 1-800-341-4848 (TDD/TTY: 1-877-608-7677).

**FCHP MASSHEALTH COVERED SERVICES LISTS**

**FCHP MassHealth Standard/CommonHealth**

Below is a list of covered services and benefits for MassHealth

Standard/CommonHealth members enrolled in Fallon Community Health Plan (FCHP).

All listed services and benefits are covered by FCHP, except for the services checked in the column labeled MassHealth covered service.

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 the [Member Handbook](#). Please note that a prior authorization will be required for all requests for services provided out of the FCHP MassHealth Service Area, except for emergency services.

MassHealth Standard or CommonHealth Covered Services for FCHP Members	MassHealth Covered Service? Yes/No	FCHP Covered Service Yes/No?	Authorization Required for Some or All of the Services?	Primary Care Provider (PCP) Referral Required for Some or All of the Services?
<b>Emergency Services</b>				
Emergency Transportation Services - ambulance (air and land) transport that generally is not scheduled, but is needed on an Emergency basis, including Specialty Care Transport that is an ambulance transport of a critically injured or ill Enrollee from one facility to another, requiring care beyond the scope of a paramedic.	No	Yes	No	No
Emergency Inpatient and Outpatient Services	No	Yes	No	No
<b>Medical Services</b>				
Abortion Services	No	Yes	No	No
Acute Inpatient Hospital Services	No	Yes	Yes	No
Adult Day Health Services Center based services offered by adult day health providers may include: <ul style="list-style-type: none"> <li>• nursing services and health oversight</li> <li>• assistance with activities of daily</li> </ul>	Yes	No	Yes	Yes

## FCHP MASSHEALTH

MassHealth Standard or CommonHealth Covered Services for FCHP Members	MassHealth Covered Service? Yes/No	FCHP Covered Service Yes/No?	Authorization Required for Some or All of the Services?	Primary Care Provider (PCP) Referral Required for Some or All of the Services?
<ul style="list-style-type: none"> <li>• living</li> <li>• nutritional and dietary services</li> <li>• counseling services</li> <li>• activities</li> <li>• transportation</li> </ul>				
Adult Foster Care Services Residential based services offered by adult foster care providers may include: <ul style="list-style-type: none"> <li>• assistance with activities of daily living, instrumental activities of daily living and personal care</li> <li>• supervision</li> <li>• nursing oversight</li> </ul>	Yes	No	Yes	Yes
Ambulatory Surgery Services - outpatient, same-day surgical, diagnostic and medical services	No	Yes	Yes	No
Audiologist (Hearing) Services	No	Yes	No	Yes
Chiropractor Services	No	Yes	Yes	No
Chronic Disease and Rehabilitation Inpatient Hospital Services <sup>1</sup>	No	Yes	Yes	No
Community Health Center Services  For example: <ul style="list-style-type: none"> <li>• office visits for primary care and specialists</li> <li>• OB/GYN and prenatal care</li> <li>• pediatric services, including EPSDT</li> <li>• health education</li> <li>• medical social services</li> <li>• nutrition services, including diabetes self-management training and medical nutrition therapy</li> <li>• tobacco cessation services</li> <li>• fluoride varnish to prevent tooth decay in children and teens</li> </ul>	No	Yes	No	No
Continuous Skilled Nursing Services Nursing services that require a nurse encounter of more than two continuous hours delivered by a home-health agency or an independent nurse provider	Yes	No	Yes	Yes

<sup>1</sup> If an FCHP member needs more than 100 days of Chronic Disease and Rehabilitation Inpatient Hospital Services in a contract year, you will be disenrolled from FCHP and will receive such services from MassHealth instead of FCHP.

## FCHP MASSHEALTH

MassHealth Standard or CommonHealth Covered Services for FCHP Members	MassHealth Covered Service? Yes/No	FCHP Covered Service Yes/No?	Authorization Required for Some or All of the Services?	Primary Care Provider (PCP) Referral Required for Some or All of the Services?
<p>Day Habilitation Services</p> <p>Center based services for members with mental retardation or developmental disabilities offered by day habilitation providers may include:</p> <ul style="list-style-type: none"> <li>nursing services and health care supervision</li> <li>developmental skills training</li> <li>therapy services</li> <li>assistance with activities of daily living</li> </ul>	Yes	No	No	Yes
<b>Dental Services</b>				
<ul style="list-style-type: none"> <li>Emergency related dental care and oral surgery performed in an outpatient hospital or ambulatory surgery setting which is medically necessary to treat an underlying medical condition</li> </ul>	No	Yes	No	No
<ul style="list-style-type: none"> <li>Other dental services<sup>2</sup></li> </ul>	Yes	No	Yes	No
Dialysis Services	No	Yes	Yes	No
Durable Medical Equipment - The purchase or rental of medical equipment, replacement parts, and repair for such items	No	Yes	Yes	No
Early Intervention Services	No	Yes	No	No
Family Planning Services <sup>3</sup>	No	Yes	No	No
<p>Group Adult Foster Care Services</p> <p>Services provided by group adult foster care providers are offered in a group supported housing environment and may include:</p> <ul style="list-style-type: none"> <li>assistance with activities of daily living, instrumental activities of</li> </ul>	Yes	No	Yes	Yes

<sup>2</sup> Enrollees 21 and over are only eligible for emergency and certain non-emergency dental services. For more information contact DentaQuest Customer Service at 1-800-207-5019.

<sup>3</sup> 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.

## FCHP MASSHEALTH

MassHealth Standard or CommonHealth Covered Services for FCHP Members	MassHealth Covered Service? Yes/No	FCHP Covered Service Yes/No?	Authorization Required for Some or All of the Services?	Primary Care Provider (PCP) Referral Required for Some or All of the Services?
daily living and personal care <ul style="list-style-type: none"> <li>• supervision</li> <li>• nursing oversight</li> </ul>				
Hearing Aid Services	No	Yes	Yes	No
Home Health Services	No	Yes	Yes	No
Hospice Services <sup>4</sup>	No	Yes	Yes	Yes
Laboratory Services	No	Yes	No	No
Medical/Surgical Supplies <sup>5</sup>	No	Yes	No	No
Nursing Facility Services <sup>6</sup>	No	Yes	Yes	No
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	No	Yes	Yes	No
Outpatient Hospital Services Services provided at an outpatient hospital, for example: <ul style="list-style-type: none"> <li>• Outpatient surgical and related diagnostic, medical and dental services</li> <li>• office visits for primary care and specialists</li> <li>• OB/GYN and prenatal care</li> <li>• therapy services (physical, occupational and speech)</li> <li>• diabetes self-management training</li> <li>• medical nutritional therapy</li> <li>• tobacco cessation services</li> <li>• fluoride varnish to prevent tooth decay in children and teens</li> </ul>	No	Yes	No	No
Oxygen & Respiratory Therapy Equipment	No	Yes	Yes	No
Personal Care Services Services to assist members with activities of daily living and instrumental activities of daily living, for example: <ul style="list-style-type: none"> <li>• bathing</li> <li>• feeding</li> <li>• dressing</li> <li>• medication management</li> </ul>	Yes	No	Yes	Yes

<sup>4</sup> An FCHP member can get hospice care from FCHP or MassHealth. If you choose to receive hospice care from MassHealth you will be disenrolled from FCHP and receive all of your health care services from MassHealth.

<sup>5</sup> Some restrictions apply.

<sup>6</sup> If an FCHP member needs more than 100 days of Nursing Facility Services in a Contract Year, you will be disenrolled from FCHP and will receive such services from MassHealth instead of FCHP.

**FCHP MASSHEALTH**

MassHealth Standard or CommonHealth Covered Services for FCHP Members	MassHealth Covered Service? Yes/No	FCHP Covered Service Yes/No?	Authorization Required for Some or All of the Services?	Primary Care Provider (PCP) Referral Required for Some or All of the Services?
Physician, Nurse Practitioner, and Nurse Midwife Services For example: <ul style="list-style-type: none"> <li>• office visits for primary care and specialists</li> <li>• OB/GYN and prenatal care</li> <li>• diabetes self-management training</li> <li>• medical nutritional therapy</li> <li>• tobacco cessation services</li> <li>• fluoride varnish to prevent tooth decay in children and teens</li> </ul>	No	Yes	No	No
Podiatrist Services (Foot Care)	No	Yes	Yes	No
Prosthetic Services	No	Yes	Yes	No
Radiology and Diagnostic Services For example: <ul style="list-style-type: none"> <li>• X-Rays</li> <li>• magnetic resonance imagery (MRI) and other imaging studies</li> </ul>	No	Yes	Yes	No
Therapy Services For example: <ul style="list-style-type: none"> <li>• occupational therapy</li> <li>• physical therapy</li> <li>• speech/language therapy</li> </ul>	No	Yes	Yes	No
Transportation Services (Non-Emergency)				
Non-emergency transportation by land ambulance, chair car, taxi, and common carriers to and from covered medical care in Massachusetts or within 50 miles or less of the Massachusetts border	Yes	No	Yes	No
Non-emergent to out-of-state location – ambulance and other common carriers that generally are pre-arranged to transport an Enrollee to a service that is located outside a 50-mile radius of the Massachusetts border	No	Yes	Yes	Yes
Vision Care For example:				
• comprehensive eye exams	No	Yes	No	No
• vision training	No	Yes	No	No
• eye glasses	Yes	No	Yes	No
• contact lenses and other visual aids	Yes	No	Yes	No
Wigs – as prescribed by a physician related to a medical condition	No	Yes	Yes	Yes

## FCHP MASSHEALTH

MassHealth Standard or CommonHealth Covered Services for FCHP Members	MassHealth Covered Service? Yes/No	FCHP Covered Service Yes/No?	Authorization Required for Some or All of the Services?	Primary Care Provider (PCP) Referral Required for Some or All of the Services?
<b>Pharmacy Services (Medications)</b>				
Prescription Drugs	No	Yes	Yes	No
Over-the-Counter Medicines	No	Yes	No	No
<b>Behavioral-Health (Mental-Health and Substance-Abuse) Services</b>				
Non-24 Hour Diversionary Services, such as: <ul style="list-style-type: none"> <li>community support programs</li> <li>partial hospitalization</li> <li>structured outpatient addiction program (SOAP)</li> <li>intensive outpatient program (IOP)</li> <li>psychiatric day treatment</li> </ul>	No	Yes	Yes	No
24 Hour Diversionary Services, such as: <ul style="list-style-type: none"> <li>crisis stabilization unit</li> <li>community-based acute treatment for children and adolescents (CBAT)</li> <li>acute treatment services for substance abuse (Level III.7)</li> <li>clinical support services – substance abuse (Level III.5)</li> <li>transitional care unit</li> </ul>	No	Yes	Yes Exception – community crisis stabilization through Emergency Service Provider (ESP) requires Authorization after the first day/night.	No
Emergency Services (Inpatient and Outpatient)	No	Yes	Yes - for Inpatient  No - for outpatient for first 12 sessions, then Authorization is required	No
Emergency Services Program (ESP) Services, such as: <ul style="list-style-type: none"> <li>crisis assessment, intervention, and stabilization</li> <li>mobile crisis intervention for children under 21</li> <li>medication evaluation</li> <li>special one-to-one services</li> </ul>	No	Yes	No Exception – crisis stabilization requires Authorization after first day or night.	No
Inpatient Services, such as: <ul style="list-style-type: none"> <li>Inpatient mental health services</li> <li>Inpatient substance abuse services (Level IV)</li> </ul>	No	Yes	Yes	No
Outpatient Services, such as: <ul style="list-style-type: none"> <li>individual, group, and family</li> </ul>	No	Yes	No - for first 12 sessions, then	No

## FCHP MASSHEALTH

MassHealth Standard or CommonHealth Covered Services for FCHP Members	MassHealth Covered Service? Yes/No	FCHP Covered Service Yes/No?	Authorization Required for Some or All of the Services?	Primary Care Provider (PCP) Referral Required for Some or All of the Services?
<ul style="list-style-type: none"> <li>counseling</li> <li>• medication visits</li> <li>• family and case consultations</li> <li>• collateral contacts for children under age 21</li> <li>• diagnostic evaluations</li> <li>• psychological testing or special education psychological testing</li> <li>• narcotic-treatment services (including acupuncture)</li> <li>• electro-convulsive therapy</li> </ul>			<p>authorization is required.</p> <p>Yes for:</p> <ul style="list-style-type: none"> <li>- Diagnostic evaluations</li> <li>- Psychological testing or special ed. Psych. testing</li> <li>- narcotic treatment services (including acupuncture)</li> <li>- electro-convulsive therapy</li> </ul>	
<p>Intensive Home or Community Based Outpatient Services for Youth, such as:</p> <ul style="list-style-type: none"> <li>• intensive care coordination (ICC)</li> <li>• family support and training</li> <li>• in-home therapy services</li> <li>• in-home behavioral services</li> <li>• therapeutic mentoring services</li> </ul>	No	Yes	Yes	No
<p>Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services. There is more information about EPSDT Services in the section of the Member Handbook describing "Additional services for children."</p>				
<p>Screening 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 that are needed to find out if there are any health problems. These screenings include health, vision, dental, hearing, behavioral-health, developmental, and immunization status screenings. MassHealth pays PCPs for these checkups. At well-child checkups, PCPs can find and treat small problems before they become big ones. More information about the schedule for checkups is in your Member Handbook under "Additional services for children." In addition to regular checkups, children should also visit their PCP any time there is a concern about their medical or behavioral health, even if it is not</p>	No	Yes	No	No

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**FCHP MASSHEALTH**

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MassHealth Standard or CommonHealth Covered Services for FCHP Members	MassHealth Covered Service? Yes/No	FCHP Covered Service Yes/No?	Authorization Required for Some or All of the Services?	Primary Care Provider (PCP) Referral Required for Some or All of the Services?
time for a regular checkup. Children under age 21 are also entitled to get regular visits with a dental provider.				

## FCHP MASSHEALTH

MassHealth Standard or CommonHealth Covered Services for FCHP Members	MassHealth Covered Service? Yes/No	FCHP Covered Service Yes/No?	Authorization Required for Some or All of the Services?	Primary Care Provider (PCP) Referral Required for Some or All of the Services?
<p><i>Diagnosis and Treatment Services</i></p> <p>FCHP pays for all medically necessary services<sup>7</sup> that are covered by federal Medicaid law, even if the services are not provided by FCHP. This coverage includes health care, diagnostic services, treatment, and other measures needed to correct or improve defects and physical and mental illnesses and conditions. When a PCP (or any other clinician) discovers a health condition, FCHP will pay for any medically necessary treatment covered under Medicaid law if it is delivered by a provider who is qualified and willing to provide the service and an FCHP enrolled physician, nurse practitioner, or nurse midwife supports, in writing, the medical necessity of the service. You and your PCP can seek assistance from FCHP to determine what providers may be available in the network to provide these services, and how to use out of network providers, if necessary. Most of the time, these services are covered by your child's MassHealth coverage type and are included as a covered service elsewhere in this list. If the service is not already covered or is not listed elsewhere on this list, the clinician or provider who will deliver the service can ask FCHP for prior authorization for the service. FCHP uses this process to determine if the service is medically necessary. FCHP will pay for the service if prior authorization is given. If prior authorization is denied, you have the right to appeal. More information about appeals is in your Member Handbook under "Appeals and grievances." Talk to</p>	No	Yes	Yes	No

<sup>7</sup> MassHealth pays for all medically necessary MassHealth covered services.

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**FCHP MASSHEALTH**

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MassHealth Standard or CommonHealth Covered Services for FCHP Members	MassHealth Covered Service? Yes/No	FCHP Covered Service Yes/No?	Authorization Required for Some or All of the Services?	Primary Care Provider (PCP) Referral Required for Some or All of the Services?
your child's PCP, behavioral-health provider, or other specialist for help in getting these services.-				

Copayments:

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

- \$1 for certain covered generic drugs mainly used for diabetes, high blood pressure, and high cholesterol. These drugs are called antihyperglycemics (such as metformin), antihypertensives (such as lisinopril), and antilyperlipidemics (such as simvastatin);
- \$3 for certain over-the-counter (OTC) drugs for which you have a prescription from the doctor.
- \$3 for both first-time prescriptions and refills for certain covered generic and OTC drugs; and
- \$3 for both first time prescriptions and refills of covered brand-name drugs.

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 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) and;
- members who are in hospice care.

In addition, members do not have to pay copayments for family planning supplies (birth control).

Call FCHP Customer Service at 1-800-341-4848 (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 Standard/CommonHealth 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 Basic 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

#### **FCHP MassHealth CommonHealth**

FCHP MassHealth CommonHealth is a program offered by FCHP that covers disabled children under age 18, or disabled adults (age 18 or older) who:

- Work 40 hours or more a month, or
- Are under age 65 and are not working. If the person is working, he or she must meet certain state and federal rules to be eligible.

FCHP MassHealth CommonHealth members have the same set of benefits as FCHP MassHealth Standard members which are listed above.

**FCHP MassHealth Basic**

This existing program is available to members who are eligible for Aid for Families and Dependent Children (AFDC) or disabled members on Supplemental Security Income (SSI). Benefits include unlimited coverage for DME, coverage for personal emergency response systems and hearing aid evaluations, podiatry, chiropractic care and hearing aids, FCHP’s current pharmacy and behavioral health programs.

This is a list of covered services and benefits for MassHealth Basic members enrolled in FCHP. The list indicates for all the services and benefits whether they are covered by MassHealth or FCHP and if by FCHP whether authorization by FCHP or a referral by your Primary Care Provider (PCP) is required.

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 note that a prior authorization will be required for all requests for services provided out of the FCHP MassHealth Service Area, except for emergency services.

MassHealth Basic Covered Services for FCHP Members	MassHealth Covered Service? Yes/No	FCHP Covered Service Yes/No?	Authorization Required for Some or All of the Services?	Primary Care Provider (PCP) Referral Required for Some or All of the Services?
<b>Emergency Services</b>				
Emergency Transportation Services - ambulance (air and land) transport that generally is not scheduled, but is needed on an Emergency basis, including Specialty Care Transport that is an ambulance transport of a critically injured or ill Enrollee from one facility to another, requiring care beyond the scope of a paramedic.	No	Yes	No	No
Emergency Inpatient and Outpatient Services	No	Yes	No	No
<b>Medical Services</b>				
Abortion Services	No	Yes	No	No
Acute Inpatient Hospital Services	No	Yes	Yes	No

**FCHP MASSHEALTH**

Ambulatory Surgery Services - outpatient, same-day surgical, diagnostic and medical services	No	Yes	Yes	No
Audiologist (Hearing) Services	No	Yes	No	No
Chiropractor Services	No	Yes	Yes	No
Community Health Center Services	No	Yes	No	No
For example: <ul style="list-style-type: none"> <li>• office visits for primary care and specialists</li> <li>• OB/GYN and prenatal care</li> <li>• pediatric services, including PPHSD</li> <li>• health education</li> <li>• medical social services</li> <li>• nutrition services, including diabetes self-management training and medical nutrition therapy</li> <li>• tobacco cessation services</li> <li>• fluoride varnish to prevent tooth decay in children and teens</li> </ul>				
<b>Dental Services</b>				
• Emergency related dental care and oral surgery performed in an outpatient hospital or ambulatory surgery setting which is medically necessary to treat an underlying medical condition	No	Yes	No	No
• Other dental services <sup>8</sup>	Yes	No	Yes	No
Dialysis Services	No	Yes	Yes	No
Durable Medical Equipment - The purchase or rental of medical equipment, replacement parts, and repair for such items	No	Yes	Yes	No
Family Planning Services <sup>9</sup>	No	Yes	No	No
Hearing Aid Services	No	Yes	Yes	No
Home Health Services	No	Yes	Yes	No
Laboratory Services	No	Yes	No	No
Medical/Surgical Supplies <sup>10</sup>	No	Yes	No	No

<sup>8</sup> Enrollees 21 and over are only eligible for emergency and certain non-emergency dental services. For more information contact DentaQuest Customer Service at 1-800-207-5019.

<sup>9</sup> 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.

<sup>10</sup> Some restrictions apply.

**FCHP MASSHEALTH**

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	No	Yes	Yes	No
Outpatient Hospital Services Services provided at an outpatient hospital, for example: <ul style="list-style-type: none"> <li>• Outpatient surgical and related diagnostic, medical and dental services</li> <li>• office visits for primary care and specialists</li> <li>• OB/GYN and prenatal care</li> <li>• therapy services (physical, occupational and speech)</li> <li>• diabetes self-management training</li> <li>• medical nutritional therapy</li> <li>• tobacco cessation services</li> <li>• fluoride varnish to prevent tooth decay in children and teens</li> </ul>	No	Yes	No	No
Oxygen & Respiratory Therapy Equipment	No	Yes	Yes	No
Physician, Nurse Practitioner, and Nurse Midwife Services For example: <ul style="list-style-type: none"> <li>• office visits for primary care and specialists</li> <li>• OB/GYN and prenatal care</li> <li>• diabetes self-management training</li> <li>• medical nutritional therapy</li> <li>• tobacco cessation services</li> <li>• fluoride varnish to prevent tooth decay in children and teens</li> </ul>	No	Yes	No	No
Podiatrist Services (Foot Care)	No	Yes	Yes	No
Prosthetic Services	No	Yes	Yes	No
Radiology and Diagnostic Services For example: <ul style="list-style-type: none"> <li>• X-Rays</li> <li>• magnetic resonance imagery (MRI) and other imaging studies</li> </ul>	No	Yes	Yes	No
Therapy Services For example: <ul style="list-style-type: none"> <li>• occupational therapy</li> <li>• physical therapy</li> <li>• speech/language therapy</li> </ul>	No	Yes	Yes	No

**FCHP MASSHEALTH**

Vision Care For example:				
• comprehensive eye exams	No	Yes	No	No
• vision training	No	Yes	Yes	No
• eye glasses	Yes	No	Yes	No
• contact lenses and other visual aids	Yes	No	Yes	No
Wigs – as prescribed by a physician related to a medical condition	No	Yes	Yes	Yes
<b>Pharmacy Services (Medications)</b>				
Prescription Drugs	No	Yes	Yes	No
Over-the-Counter Medicines	No	Yes	No	No
<b>Behavioral-Health (Mental-Health and Substance-Abuse) Services</b>				
Non-24 Hour Diversionary Services, such as: • community support programs • partial hospitalization • structured outpatient addiction program (SOAP) • intensive outpatient program (IOP) • psychiatric day treatment	No	Yes	Yes	No
24 Hour Diversionary Services, such as: • crisis stabilization unit • community-based acute treatment for children and adolescents (CBAT) • acute treatment services for substance abuse (Level III.7) • clinical support services – substance abuse (Level III.5) • transitional care unit	No	Yes	Yes Exception – community crisis stabilization through Emergency Service Provider (ESP) requires Authorization after the first day/night.	No
Emergency Services (Inpatient and Outpatient)	No	Yes	Yes - for Inpatient  No - for outpatient for first 12 sessions, then Authorization is required	No

**FCHP MASSHEALTH**

Emergency Services Program (ESP) Services, such as: <ul style="list-style-type: none"> <li>• crisis assessment, intervention, and stabilization</li> <li>• mobile crisis intervention for children under 21</li> <li>• medication evaluation</li> <li>• special one-to-one services</li> </ul>	No	Yes	No Exception – crisis stabilization requires Authorization after first day or night.	No
Inpatient Services, such as: <ul style="list-style-type: none"> <li>• Inpatient mental health services</li> <li>• Inpatient substance abuse services (Level IV)</li> </ul>	No	Yes	Yes	No
Outpatient Services, such as: <ul style="list-style-type: none"> <li>• individual, group, and family counseling</li> <li>• medication visits</li> <li>• family and case consultations</li> <li>• collateral contacts for children under age 21</li> <li>• diagnostic evaluations</li> <li>• psychological testing or special education psychological testing</li> <li>• narcotic-treatment services (including acupuncture)</li> <li>• electro-convulsive therapy</li> </ul>	No	Yes	No- for first 12 sessions, then authorization is required.  Yes for: <ul style="list-style-type: none"> <li>- Diagnostic evaluations</li> <li>- Psychological testing or special ed. Psych. testing</li> <li>- narcotic treatment services (including acupuncture)</li> <li>- electro-convulsive therapy</li> </ul>	No
Intensive Home or Community Based Outpatient Services for Youth, such as: <ul style="list-style-type: none"> <li>• in-home therapy services</li> </ul>	No	Yes	Yes	No
Preventive Pediatric Healthcare Screenings and Diagnostic (PPHSD) Services.				

**FCHP MASSHEALTH**

<p>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." In addition to regular checkups, 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.</p>	No	Yes	No	No
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### Copayments:

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

- \$1 for certain covered generic drugs mainly used for diabetes, high blood pressure, and high cholesterol. These drugs are called antihyperglycemics (such as metformin), antihypertensives (such as lisinopril), and antilyperlipidemics (such as simvastatin);
- \$3 for certain over-the-counter (OTC) drugs for which you have a prescription from the doctor.
- \$3 for both first-time prescriptions and refills for certain covered generic and OTC drugs; and
- \$3 for both first time prescriptions and refills of covered brand-name drugs.

### 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 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) and;
- members who are in hospice care.

In addition, members do not have to pay copayments for family planning supplies (birth control).

Call FCHP Customer Service at 1-800-341-4848 (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 Basic 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 Basic 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

**FCHP MassHealth Family Assistance**

FCHP MassHealth Family Assistance is a program that offers coverage to children who are not eligible for other coverage based on family income standards. FCHP MassHealth Family Assistance members have the same set of benefits as FCHP MassHealth Standard members. However, some of the additional services covered by MassHealth for FCHP MassHealth Standard members are not available to FCHP Family Assistance members.

This is a list of covered services and benefits for MassHealth Family Assistance members enrolled in FCHP. The list indicates for all the services and benefits whether they are covered by MassHealth or FCHP and if by FCHP whether authorization by FCHP or a referral by your Primary Care Provider (PCP) is required.

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 note that a prior authorization will be required for all requests for services provided out of the FCHP MassHealth Service Area, except for emergency services.

MassHealth Family Assistance Covered Services for FCHP Members	MassHealth Covered Service? Yes/No	FCHP Covered Service Yes/No?	Authorization Required for Some or All of the Services?	Primary Care Provider (PCP) Referral Required for Some or All of the Services?
<b>Emergency Services</b>				
Emergency Transportation Services - ambulance (air and land) transport that generally is not scheduled, but is needed on an Emergency basis, including Specialty Care Transport that is an ambulance transport of a critically injured or ill Enrollee from one facility to another, requiring care beyond the scope of a paramedic.	No	Yes	No	No
Emergency Inpatient and Outpatient Services	No	Yes	No	No
<b>Medical Services</b>				
Abortion Services	No	Yes	No	No
Acute Inpatient Hospital Services	No	Yes	No	No
Ambulatory Surgery Services - outpatient, same-day surgical, diagnostic and medical services	No	Yes	Yes	No
Audiologist (Hearing) Services	No	Yes	No	No
Chiropractor Services	No	Yes	Yes	No
Chronic Disease and Rehabilitation	No	Yes	Yes	No

## FCHP MASSHEALTH

MassHealth Family Assistance Covered Services for FCHP Members	MassHealth Covered Service? Yes/No	FCHP Covered Service Yes/No?	Authorization Required for Some or All of the Services?	Primary Care Provider (PCP) Referral Required for Some or All of the Services?
Inpatient Hospital Services <sup>11</sup>				
Community Health Center Services  For example: <ul style="list-style-type: none"> <li>• office visits for primary care and specialists</li> <li>• OB/GYN and prenatal care</li> <li>• pediatric services, including PPHSD</li> <li>• health education</li> <li>• medical social services</li> <li>• nutrition services, including diabetes self-management training and medical nutrition therapy</li> <li>• tobacco cessation services</li> <li>• fluoride varnish to prevent tooth decay in children and teens</li> </ul>	No	Yes	No	No
<b>Dental Services</b>				
<ul style="list-style-type: none"> <li>• Emergency related dental care and oral surgery performed in an outpatient hospital or ambulatory surgery setting which is medically necessary to treat an underlying medical condition</li> </ul>	No	Yes	No	No
<ul style="list-style-type: none"> <li>• Other dental services<sup>12</sup></li> </ul>	Yes	No	Yes	No
Dialysis Services	No	Yes	Yes	No
Durable Medical Equipment - The purchase or rental of medical equipment, replacement parts, and repair for such items	No	Yes	Yes	No
Early Intervention Services	No	Yes	No	No
Family Planning Services <sup>13</sup>	Yes	Yes	No	No
Hearing Aid Services	No	Yes	Yes	No
Home Health Services	No	Yes	Yes	No
Hospice Services <sup>14</sup>	Yes	Yes	Yes	No

<sup>11</sup> If an FCHP member needs more than 100 days of Chronic Disease and Rehabilitation Inpatient Hospital Services in a Contract Year, you will be disenrolled from FCHP and will receive such services from MassHealth instead of FCHP.

<sup>12</sup> Enrollees 21 and over are only eligible for emergency and certain non-emergency dental services. For more information contact DentaQuest Customer Service at 1-800-207-5019.

<sup>13</sup> 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.

<sup>14</sup> An FCHP member can get hospice care from FCHP or MassHealth. If you choose to receive hospice care from MassHealth you will be disenrolled from FCHP and receive all of your health care services from MassHealth.

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MassHealth Family Assistance Covered Services for FCHP Members	MassHealth Covered Service? Yes/No	FCHP Covered Service Yes/No?	Authorization Required for Some or All of the Services?	Primary Care Provider (PCP) Referral Required for Some or All of the Services?
Laboratory Services	No	Yes	No	No
Medical/Surgical Supplies <sup>15</sup>	No	Yes	No	No
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	No	Yes	No	No
Outpatient Hospital Services Services provided at an outpatient hospital, for example: <ul style="list-style-type: none"> <li>• Outpatient surgical and related diagnostic, medical and dental services</li> <li>• office visits for primary care and specialists</li> <li>• OB/GYN and prenatal care</li> <li>• therapy services (physical, occupational and speech)</li> <li>• diabetes self-management training</li> <li>• medical nutritional therapy</li> <li>• tobacco cessation services</li> <li>• fluoride varnish to prevent tooth decay in children and teens</li> </ul>	No	Yes	No	No
Oxygen & Respiratory Therapy Equipment	No	Yes	Yes	No
Physician, Nurse Practitioner, and Nurse Midwife Services For example: <ul style="list-style-type: none"> <li>• office visits for primary care and specialists</li> <li>• OB/GYN and prenatal care</li> <li>• diabetes self-management training</li> <li>• medical nutritional therapy</li> <li>• tobacco cessation services</li> <li>• fluoride varnish to prevent tooth decay in children and teens</li> </ul>	No	Yes	No	No
Podiatrist Services (Foot Care)	No	Yes	Yes	No
Prosthetic Services	No	Yes	Yes	No
Radiology and Diagnostic Services For example: <ul style="list-style-type: none"> <li>• X-Rays</li> <li>• magnetic resonance imagery (MRI) and other imaging studies</li> </ul>	No	Yes	Yes	No
Therapy Services For example: <ul style="list-style-type: none"> <li>• occupational therapy</li> <li>• physical therapy</li> </ul>	No	Yes	Yes	No

<sup>15</sup> Some restrictions apply.

## FCHP MASSHEALTH

MassHealth Family Assistance Covered Services for FCHP Members	MassHealth Covered Service? Yes/No	FCHP Covered Service Yes/No?	Authorization Required for Some or All of the Services?	Primary Care Provider (PCP) Referral Required for Some or All of the Services?
<ul style="list-style-type: none"> <li>speech/language therapy</li> </ul>				
Vision Care For example:				
<ul style="list-style-type: none"> <li>comprehensive eye exams</li> </ul>	No	Yes	No	No
<ul style="list-style-type: none"> <li>vision training</li> </ul>	No	Yes	Yes	No
<ul style="list-style-type: none"> <li>eye glasses</li> </ul>	Yes	No	Yes	No
<ul style="list-style-type: none"> <li>contact lenses and other visual aids</li> </ul>	Yes	No	Yes	No
Wigs – as prescribed by a physician related to a medical condition	No	Yes	Yes	Yes
Pharmacy Services (Medications)				
Prescription Drugs	No	Yes	Yes	No
Over-the-Counter Medicines	No	Yes	No	No
Behavioral-Health (Mental-Health and Substance-Abuse) Services				
Non-24 Hour Diversionary Services, such as: <ul style="list-style-type: none"> <li>community support programs</li> <li>partial hospitalization</li> <li>structured outpatient addiction program (SOAP)</li> <li>intensive outpatient program (IOP)</li> <li>psychiatric day treatment</li> </ul>	No	Yes	Yes	No
24 Hour Diversionary Services, such as: <ul style="list-style-type: none"> <li>crisis stabilization unit</li> <li>community-based acute treatment for children and adolescents (CBAT)</li> <li>acute treatment services for substance abuse (Level III.7)</li> <li>clinical support services – substance abuse (Level III.5)</li> <li>transitional care unit</li> </ul>	No	Yes	Yes Exception – community crisis stabilization through Emergency Service Provider (ESP) requires Authorization after the first day/night.	No
Emergency Services (Inpatient and Outpatient)	No	Yes	Yes - for Inpatient  No - for outpatient for first 12 sessions, then Authorization is required	No
Emergency Services Program (ESP) Services, such as: <ul style="list-style-type: none"> <li>crisis assessment, intervention, and</li> </ul>	No	Yes	No Exception – crisis	No

## FCHP MASSHEALTH

MassHealth Family Assistance Covered Services for FCHP Members	MassHealth Covered Service? Yes/No	FCHP Covered Service Yes/No?	Authorization Required for Some or All of the Services?	Primary Care Provider (PCP) Referral Required for Some or All of the Services?
stabilization <ul style="list-style-type: none"> <li>mobile crisis intervention for children under 21</li> <li>medication evaluation</li> <li>special one-to-one services</li> </ul>			stabilization requires Authorization after first day or night.	
Inpatient Services, such as: <ul style="list-style-type: none"> <li>Inpatient mental health services</li> <li>Inpatient substance abuse services (Level IV)</li> </ul>	No	Yes	Yes	No
Outpatient Services, such as: <ul style="list-style-type: none"> <li>individual, group, and family counseling</li> <li>medication visits</li> <li>family and case consultations</li> <li>collateral contacts for children under age 21</li> <li>diagnostic evaluations</li> <li>psychological testing or special education psychological testing</li> <li>narcotic-treatment services (including acupuncture)</li> <li>electro-convulsive therapy</li> </ul>	No	Yes	No- for first 12 sessions, then authorization is required.  Yes for: <ul style="list-style-type: none"> <li>Diagnostic evaluations</li> <li>Psychological testing or special ed. Psych. testing</li> <li>narcotic treatment services (including acupuncture)</li> <li>electro-convulsive therapy</li> </ul>	No
Intensive Home or Community Based Outpatient Services for Youth, such as: <ul style="list-style-type: none"> <li>in-home therapy services</li> </ul>	No	Yes	Yes	No
<b>Preventive Pediatric Healthcare Screenings and Diagnostic (PPHSD) Services</b>				
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." In addition to regular check-ups, children should also visit their PCP any time there is a concern about	No	Yes	No	No

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**FCHP MASSHEALTH**

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MassHealth Family Assistance Covered Services for FCHP Members	MassHealth Covered Service? Yes/No	FCHP Covered Service Yes/No?	Authorization Required for Some or All of the Services?	Primary Care Provider (PCP) Referral Required for Some or All of the Services?
their health. Children under age 21 are also entitled to get regular visits with a dental provider.				

Copayments:

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

- \$1 for certain covered generic drugs mainly used for diabetes, high blood pressure, and high cholesterol. These drugs are called antihyperglycemics (such as metformin), antihypertensives (such as lisinopril), and antilyperlipidemics (such as simvastatin);
- \$3 for certain over-the-counter (OTC) drugs for which you have a prescription from the doctor.
- \$3 for both first-time prescriptions and refills for certain covered generic and OTC drugs; and
- \$3 for both first time prescriptions and refills of covered brand-name drugs.

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 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) and;
- members who are in hospice care.

In addition, members do not have to pay copayments for family planning supplies (birth control).

Call FCHP Customer Service at 1-800-341-4848 (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

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## FCHP MASSHEALTH

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- 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

**MassHealth Essential**

Enrollees over the age of 18 and under the age of 65 who qualify under MassHealth Essential eligibility criteria which includes (1) persons not currently working; (2) persons that have not worked in more than one year or, if a person has worked, that person has not earned enough to collect unemployment; (3) persons not eligible to collect unemployment benefits; (4) persons who have an immigration status that prevents them from getting MassHealth Standard, are long term unemployed and meet MassHealth disability rules; and (6) persons that are not eligible for MassHealth Basic. To qualify for eligibility, an Enrollee’s family income before taxes and deductions can be no more than 100% of the federal poverty level.

College students who can get health insurance from their college or university and persons whose spouses work more than 100 hours a month are not eligible for MassHealth Essential.

This is a list of covered services and benefits for MassHealth Essential members enrolled in FCHP. The list indicates for all the services and benefits whether they are covered by MassHealth or FCHP and if by FCHP whether authorization by FCHP or a referral by your Primary Care Provider (PCP) is required.

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 note that a prior authorization will be required for all requests for services provided out of the FCHP MassHealth Service Area, except for emergency services.

MassHealth Essential Covered Services for FCHP Members	MassHealth Covered Service? Yes/No	FCHP Covered Service Yes/No?	Authorization Required for Some or All of the Services?	Primary Care Provider (PCP) Referral Required for Some or All of the Services?
<b>Emergency Services</b>				
Emergency Transportation Services - ambulance (air and land) transport that generally is not scheduled, but is needed on an Emergency basis, including Specialty Care Transport that is an ambulance transport of a critically injured or ill Enrollee from one facility to another, requiring care beyond the scope of a paramedic.	No	Yes	No	No
Emergency Inpatient and Outpatient Services	No	Yes	No	No
<b>Medical Services</b>				
Abortion Services	No	Yes	No	No

## FCHP MASSHEALTH

MassHealth Essential Covered Services for FCHP Members	MassHealth Covered Service? Yes/No	FCHP Covered Service Yes/No?	Authorization Required for Some or All of the Services?	Primary Care Provider (PCP) Referral Required for Some or All of the Services?
Acute Inpatient Hospital Services	No	Yes	Yes	No
MassHealth Essential Covered Services for FCHP Members	MassHealth Covered Service? Yes/No	FCHP Covered Service Yes/No?	Authorization Required for Some or All of the Services?	Primary Care Provider (PCP) Referral Required for Some or All of the Services?
Ambulatory Surgery Services - outpatient, same-day surgical, diagnostic and medical services	No	Yes	Yes	No
Community Health Center Services  For example: <ul style="list-style-type: none"> <li>• office visits for primary care and specialists</li> <li>• OB/GYN and prenatal care</li> <li>• pediatric services, including PPHSD</li> <li>• health education</li> <li>• medical social services</li> <li>• nutrition services, including diabetes self-management training and medical nutrition therapy</li> <li>• tobacco cessation services</li> <li>• fluoride varnish to prevent tooth decay in children and teens</li> </ul>	No	Yes	No	No
<b>Dental Services</b>				
• Emergency related dental care and oral surgery performed in an outpatient hospital or ambulatory surgery setting which is medically necessary to treat an underlying medical condition	No	Yes	No	No
• Other dental services <sup>16</sup>	Yes	No	Yes	No
Dialysis Services	No	Yes	Yes	No
Durable Medical Equipment - The purchase or rental of medical equipment, replacement parts, and repair for such items	No	Yes	Yes	No
Family Planning Services <sup>17</sup>	No	Yes	No	No
MassHealth Essential Covered Services for FCHP Members	MassHealth Covered Service? Yes/No	FCHP Covered Service Yes/No?	Authorization Required for Some or All of the Services?	Primary Care Provider (PCP) Referral Required for Some or All of the Services?

<sup>16</sup> Enrollees 21 and over are only eligible for emergency and certain non-emergency dental services. For more information contact DentaQuest Customer Service at 1-800-207-5019.

<sup>17</sup> 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.

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MassHealth Essential Covered Services for FCHP Members	MassHealth Covered Service? Yes/No	FCHP Covered Service Yes/No?	Authorization Required for Some or All of the Services?	Primary Care Provider (PCP) Referral Required for Some or All of the Services?
Laboratory Services	No	Yes	No	No
Medical/Surgical Supplies <sup>18</sup>	No	Yes	No	No
Outpatient Hospital Services Services provided at an outpatient hospital, for example: <ul style="list-style-type: none"> <li>• Outpatient surgical and related diagnostic, medical and dental services</li> <li>• office visits for primary care and specialists</li> <li>• OB/GYN and prenatal care</li> <li>• therapy services (physical, occupational and speech)</li> <li>• diabetes self-management training</li> <li>• medical nutritional therapy</li> <li>• tobacco cessation services</li> <li>• fluoride varnish to prevent tooth decay in children and teens</li> </ul>	No	Yes	No	No
MassHealth Essential Covered Services for FCHP Members	MassHealth Covered Service? Yes/No	FCHP Covered Service Yes/No?	Authorization Required for Some or All of the Services?	Primary Care Provider (PCP) Referral Required for Some or All of the Services?
Oxygen & Respiratory Therapy Equipment	No	Yes	Yes	No
Physician, Nurse Practitioner, and Nurse Midwife Services For example: <ul style="list-style-type: none"> <li>• office visits for primary care and specialists</li> <li>• OB/GYN and prenatal care</li> <li>• diabetes self-management training</li> <li>• medical nutritional therapy</li> <li>• tobacco cessation services</li> <li>• fluoride varnish to prevent tooth decay in children and teens</li> </ul>	No	Yes	No	No
Podiatrist Services (Foot Care)	No	Yes	Yes	No
Prosthetic Services	No	Yes	Yes	No
MassHealth Essential Covered Services for FCHP Members	MassHealth Covered Service? Yes/No	FCHP Covered Service Yes/No?	Authorization Required for Some or All of the Services?	Primary Care Provider (PCP) Referral Required for Some or All of the Services?
Radiology and Diagnostic Services For example: <ul style="list-style-type: none"> <li>• X-Rays</li> <li>• magnetic resonance imagery (MRI) and other imaging studies</li> </ul>	No	Yes	Yes	No

<sup>18</sup> Some restrictions apply.

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MassHealth Essential Covered Services for FCHP Members	MassHealth Covered Service? Yes/No	FCHP Covered Service Yes/No?	Authorization Required for Some or All of the Services?	Primary Care Provider (PCP) Referral Required for Some or All of the Services?
Therapy Services For example: <ul style="list-style-type: none"> <li>• occupational therapy</li> <li>• physical therapy</li> <li>• speech/language therapy</li> </ul>	No	Yes	Yes	No
Vision Care For example: <ul style="list-style-type: none"> <li>• comprehensive eye exams</li> <li>• vision training</li> </ul>	No	Yes	No	No
Wigs – as prescribed by a physician related to a medical condition	No	Yes	Yes	No
<b>Pharmacy Services (Medications)</b>				
Prescription Drugs	No	Yes	Yes	No
Over-the-Counter Medicines	No	Yes	No	No
<b>Behavioral-Health (Mental-Health and Substance-Abuse) Services</b>				
Non-24 Hour Diversionary Services, such as: <ul style="list-style-type: none"> <li>• community support programs</li> <li>• partial hospitalization</li> <li>• structured outpatient addiction program (SOAP)</li> <li>• intensive outpatient program (IOP)</li> <li>• psychiatric day treatment</li> </ul>	No	Yes	Yes	No
24 Hour Diversionary Services, such as: <ul style="list-style-type: none"> <li>• crisis stabilization unit</li> <li>• community-based acute treatment for children and adolescents (CBAT)</li> <li>• acute treatment services for substance abuse (Level III.7)</li> <li>• clinical support services – substance abuse (Level III.5)</li> <li>• transitional care unit</li> </ul>	No	Yes	Yes Exception – community crisis stabilization through Emergency Service Provider (ESP) requires Authorization after the first day/night.	No
Emergency Services (Inpatient and Outpatient)	No	Yes	Yes - for Inpatient  No - for outpatient for first 12 sessions, then Authorization is required	No
Emergency Services Program (ESP) Services, such as: <ul style="list-style-type: none"> <li>• crisis assessment, intervention, and stabilization</li> <li>• mobile crisis intervention for</li> </ul>	No	Yes	No Exception – crisis stabilization requires	No

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MassHealth Essential Covered Services for FCHP Members	MassHealth Covered Service? Yes/No	FCHP Covered Service Yes/No?	Authorization Required for Some or All of the Services?	Primary Care Provider (PCP) Referral Required for Some or All of the Services?
children under 21 <ul style="list-style-type: none"> <li>• medication evaluation</li> <li>• special one-to-one service</li> </ul>			Authorization after first day or night.	
Inpatient Services, such as: <ul style="list-style-type: none"> <li>• Inpatient mental health services</li> <li>• Inpatient substance abuse services (Level IV)</li> </ul>	No	Yes	Yes	No
Outpatient Services, such as: <ul style="list-style-type: none"> <li>• individual, group, and family counseling</li> <li>• medication visits</li> <li>• family and case consultations</li> <li>• collateral contacts for children under age 21</li> <li>• diagnostic evaluations</li> <li>• psychological testing or special education psychological testing</li> <li>• narcotic-treatment services (including acupuncture)</li> <li>• electro-convulsive therapy</li> </ul>	No	Yes	No- for first 12 sessions, then authorization is required.  Yes for: <ul style="list-style-type: none"> <li>- Diagnostic evaluations</li> <li>- Psychological testing or special ed. Psych. testing</li> <li>- narcotic treatment services (including acupuncture)</li> <li>- electro-convulsive therapy</li> </ul>	No
Intensive Home or Community Based Outpatient Services for Youth, such as: <ul style="list-style-type: none"> <li>• in-home therapy services</li> </ul>	No	Yes	Yes	No
Preventive Pediatric Healthcare Screenings and Diagnostic (PPHSD) Services				

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**FCHP MASSHEALTH**

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MassHealth Essential Covered Services for FCHP Members	MassHealth Covered Service? Yes/No	FCHP Covered Service Yes/No?	Authorization Required for Some or All of the Services?	Primary Care Provider (PCP) Referral Required for Some or All of the Services?
<p><i>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." 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.</i></p>	No	Yes	No	No

**Copayments:**

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

- \$1 for certain covered generic drugs mainly used for diabetes, high blood pressure, and high cholesterol. These drugs are called antihyperglycemics (such as metformin), antihypertensives (such as lisinopril), and antilyperlipidemics (such as simvastatin);
- \$3 for certain over-the-counter (OTC) drugs for which you have a prescription from the doctor.
- \$3 for both first-time prescriptions and refills for certain covered generic and OTC drugs; and
- \$3 for both first time prescriptions and refills of covered brand-name drugs.

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 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) and;
- members who are in hospice care.

In addition, members do not have to pay copayments for family planning supplies (birth control).

Call FCHP Customer Service at 1-800-341-4848 (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 Essential 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

## Access standards for MassHealth members

### *Geographic access standards*

Under contract with the EOHHS, FCHP must ensure adequate access to covered services for all MassHealth members and facilitate access to non-FCHP covered services. Adequate access shall include physical, telephone and geographic access including:

#### **a. Physical Health Services**

- Primary Care services - within 15 miles or 30 minutes travel time from an Enrollee's residence.
- Acute inpatient services—within 15 miles or 30 minutes travel time from an Enrollee's residence. MassHealth access standard requirement is 20 miles or 40 minutes.
- Rehabilitation hospital services—within 30 miles or 60 minutes travel time from an Enrollee's residence
- Urgent care services—within 15 miles or 30 minutes travel time
- Other Physical Health Services—shall meet the usual and customary community standards for accessing care

#### **b. Behavioral Health Services**

- Inpatient Services—within 60 miles or 60 minutes travel time from the Enrollee's residence, whichever requires less travel time.
- All other services—within 30 miles or 30 minutes travel time from the Enrollee's residence, whichever requires less travel time.
- For a listing of ESP and CSA locations, refer to the Managing Patient Care Section - Behavioral Health.

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**FCHP MASSHEALTH**

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*Waiting time standards*

Accessibility of Service	Standard
<b>A. Physical Health Service</b>	
1. Preventative and Primary Care- (Annual Physical or new patient examination)	1. Within 30 calendar days
2. Primary Care Services- Routine and Regular Care (Urgent Symptomatic, Non-Urgent Symptomatic and Non-Symptomatic Office Visit)	2. Within 48 hours of member's request for urgent care; within 10 calendar days of member's request for non-urgent symptomatic care; and within 45 calendar days of member's request for non-symptomatic care
3. Specialty Care Services	3. Within 48 hours of member's request for urgent care; within 30 calendar days of member's request for non-urgent symptomatic care; and within 60 calendar days of member's request for non-symptomatic care
4. Emergency Care*	4. Available 24 hours/days 7 days/week
5. After-Hours Care	5. 24 hours/day
6. After-Hours Telephone Response	6. Within 2 hours for the return call
7. General optometry care	7. Within 3 weeks for regular appointments and 48 hours for urgent care
8. Lab and X-ray	8. Within 3 weeks for regular appointments and 48 hours for urgent care
9. For members newly placed in the care or custody of the Department of Children and Families (DCF)	9. DCF health care screening within 7 calendar days, and initial comprehensive medical examination within 30 calendar days
All other services	10. In accordance with usual and customary community standards

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<b>B. Behavioral Health Services</b>	
1. Emergency Services (Including Life Threatening Emergency Needs)	1. Immediately (24 hours/days 7days/week)
2. Non-life threatening emergency	2. Within 6 Hours
3. Emergency Service Programs (ESP)	3. 24/7
4. All other behavioral health services (including Routine and follow-up)	4. Within 10 business days
5. Behavioral Health URGENT Appointments	5. Less than 48 hours

\*Emergency care defined by the "Prudent Layperson" definition.

For enrollees newly placed in the care or custody of the Department of Children and Families (DCF), a DCF health care screening shall be offered within 7 days of receiving the request from a DCF case worker. Within 30 calendar days of receiving a request from a DCF case worker, a comprehensive medical examination, including all age appropriate screenings shall be offered at a reasonable time and place.

## Fluoride varnish coverage for FCHP MassHealth members

Effective October 1, 2008 physicians and other qualified health care professionals\* may apply fluoride varnish to eligible FCHP MassHealth members under age 21. It's expected that this procedure would occur during a pediatric preventive care visit. The goal is to increase access to preventive dental treatment in an effort to prevent early childhood cavities in children at moderate to high risk for dental decay.

*\* Physicians, physician assistants, nurse practitioners, registered nurses and licensed practical nurses who complete the required training.*

### Eligible members

Fluoride varnish application is primarily intended for children up to age 3, but is allowed for children up to age 21 in those instances where the member doesn't have access to a dentist. No more than one application every 180 days is recommended from first tooth eruption (usually at six months) to the third birthday. Members must meet the following three criteria to be eligible:

- 1) The member is under the age of 21;
- 2) The member is eligible for dental services; and
- 3) The service is medically necessary as determined by a Caries Assessment Tool.

Providers must bill FCHP with CDT code D1206 on the CMS 1500 form.

Please refer any FCHP MassHealth member who is without a dental provider to an appropriate dental service provider for ongoing preventive care. Please call us at the number below if you need assistance in locating a dental provider.

### Required training

We've approved the following training programs for providers who want to apply fluoride varnish to our eligible members. You may self-administer either the American Association of Pediatric Oral Health Group's online training on Cavity Risk Assessment at <http://www.aap.org/commpeps/doch/oralhealth/cme> or the Smile for Life program at <http://www.stfm.org/oralhealth>. Providers must maintain proof of their completed training and provide FCHP with documentation upon request.

If you have any questions about this new MassHealth service, please contact FCHP Provider Relations at 1-866-ASK-FCHP, prompt 4.

### Special formula (enteral-nutrition products)

MassHealth and its contracted Managed Care Organizations (MCOs) have primary responsibility for payment of enteral-nutrition products (special formula) that are medically necessary and are not covered by the Massachusetts Department of Public Health’s (DPH) Women, Infants and Children (WIC) nutrition program.

In an effort to provide a more streamlined and standardized process for requesting Prior Authorization (PA) for special formula, the MassHealth MCOs: Boston Medical Center’s HealthNet Plan (BMCHP), Network Health (NH) Fallon Community Health Plan (FCHP) Neighborhood Health Plan (NHP) and Health New England (HNE), have collectively adopted a standardized, slightly revised version of the [Combined MassHealth Managed Care Organization Medical Necessity Review For Enteral Nutrition Products \(Special Formula\)](#).

In addition to FCHP’s pharmacy network, enteral products can be obtained through one of the following contracted Medical Supply Companies.

MEDICAL SUPPLIER	ADDRESS	CITY	STATE	ZIP	TELEPHONE
Byram Healthcare	943 Main Street	Worcester	MA	01610	800-200-1100
Prime Care Services	520 Sykes Road	Fall River	MA	02720	508-646-1062
Companion Health Services	226 Causeway Street 6 <sup>th</sup> Floor	Boston	MA	02140	617-227-0830
Companion Health Services	40 Battery Street	Boston	MA	02109	617-227-0830
Denmark’s Home Medical	9 Jonathan Bourne Dr.	Pocasset	MA	02559	508-563-2203
Denmark’s Home Medical	1451 Concord Street	Framingham	MA	01701	508-877-0146
New England Home Therapies	337 Turnpike Road	Southborough	MA	01745	800-966-2487
Praxair	132 Brookline Ave.	Boston	MA	02215	617-247-1000

To learn more about the Guidelines to Medical Necessity Determination for Enteral Nutrition Products, please access the following link:

<http://www.mass.gov/Eeohhs2/docs/masshealth/guidelines/mg-enternalnutrition.pdf>

# FCHP MASSHEALTH



## Combined MassHealth Managed Care Organization (MCO) Medical Necessity Review Form For Enteral Nutrition Products (Special Formula)

You must submit this form with your request for prior authorization. The form must be completed by the prescriber and have a copy of the prescription attached. **Please refer to the instructions for completing this form provided at the end of this document.**

All sections must be completed.

<b>1. Member's name:</b>	<b>2. Member's ID no:</b>
<b>3. Member's DOB (Age):</b> <input type="checkbox"/> Weeks of gestation for premies (if applicable):	<b>4. Member/family's primary language:</b>
<b>5. Member's address and telephone no:</b>  Telephone No: _____	<b>6. Member's current location:</b> <input type="checkbox"/> Home <input type="checkbox"/> Hospital <input type="checkbox"/> NICU <input type="checkbox"/> Other (specify): _____ Telephone No: _____
<b>7. Primary diagnosis name and ICD-9-CM code:</b>	<b>8. Secondary diagnosis name and ICD-9-CM code:</b>
<b>9. Anthropometric measures</b> (Complete all items.) <input type="checkbox"/> Height: _____ <input type="checkbox"/> Weight: _____ <input type="checkbox"/> Growth percentile (child only): _____ <input type="checkbox"/> Body mass index (BMI): _____ <input type="checkbox"/> Basal metabolic rate (BMR): _____ <input type="checkbox"/> Ideal body weight: _____	<b>10. Laboratory tests</b> (Attach results) <input type="checkbox"/> Type of blood tests (specify): _____ <input type="checkbox"/> Type of urine tests (specify): _____ <input type="checkbox"/> Allergy testing (specify): _____ <input type="checkbox"/> Other tests (specify): _____
<b>11. Risk factors</b> (Use attachments as needed.) <input type="checkbox"/> Anatomic structure of gastrointestinal tract <input type="checkbox"/> Neurological disorder (specify): _____ <input type="checkbox"/> Inborn errors of metabolism (specify): _____ <input type="checkbox"/> Malabsorption syndrome (specify type): _____ <input type="checkbox"/> Treatment with anti-nutrient or catabolic properties <input type="checkbox"/> Increased metabolic or caloric need <input type="checkbox"/> Other (Specify): _____	<b>12. Route of treatment</b> <input type="checkbox"/> Mouth (oral) only <input type="checkbox"/> Nasogastric (NG-tube) <input type="checkbox"/> Gastric (G-tube) <input type="checkbox"/> Jejunal (J-tube) <input type="checkbox"/> Other (specify): _____
<b>13. Treatment regimen initiated</b> (Attach explanation.) <input type="checkbox"/> Past (Note: specific dates of duration of usage and signs and symptoms of complications of any prior used formulas) <input type="checkbox"/> Current (last six months) <input type="checkbox"/> None	<b>14. Expected treatment outcome</b> (Attach explanation.) <input type="checkbox"/> Expected to improve within 3 months <input type="checkbox"/> Expected to improve within 6 months <input type="checkbox"/> Expected to improve within 12 months <input type="checkbox"/> Not expected to improve
<b>15. Location where member will use items:</b> <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Hospital <input type="checkbox"/> Other (specify): _____	<b>16. *Expedited service authorization request (Must attach detailed explanation.)</b> Could seriously jeopardize the member's: <input type="checkbox"/> Life or health <input type="checkbox"/> Ability to attain, maintain, or regain maximum function <input type="checkbox"/> Other (Specify): _____  <i>*MCO Plan to provide notice to provider no later than 3 business days after receipt of request.</i>
<b>17. Duration of need</b> (number of months): Start and End Dates	<b>18. No. of refills:</b>

*Combined MassHealth MCO Medical Necessity Review Form  
Enteral Nutrition Products (Special Formula) – Revised 4/28/2011*

## FCHP MASSHEALTH

<b>19. Enteral formula and supplies (include HCPCS codes)</b>	<b>20. Volume/fluid oz. and Calories per Day (list all)</b>	<b>21. Quantity per month (Total Units Requested per HCPCS code)</b>
a.	a. Volume/fluid oz. per day -	
b.	b. Calories per day -	
c.	c. Calories per fluid oz. -	
<b>22. Type of formula requested:</b> <input type="checkbox"/> P = powder <input type="checkbox"/> R = ready-to-use <input type="checkbox"/> C = concentrate		
<b>23. DME provider</b>		
Company name:		NPI provider ID no. (if available):
Address:		Telephone no. (if available): Fax no. (if available):
<b>24. Prescriber</b>		<b>25. Person completing form on behalf of prescriber</b>
Name:		Name:
Address:		Title:
Telephone no.:		Telephone no.:
Fax no.:		Fax no.:
NPI provider ID no.:		Organization:

**26. Attestation:** I certify that the clinical information provided on this form is accurate and complete to the best of my knowledge, and I understand that any falsification, omission, or concealment of material fact may be subject to civil or criminal liability.

\_\_\_\_\_  
**Prescriber attestation** (signature)

\_\_\_\_\_  
**Date** (mm/dd/yy)

*This form must be completed by the prescriber. Please check off the member's MCO Plan and fax or submit this completed and signed form according to the MCO's special instructions below.*

<input type="checkbox"/>	<b>Boston Medical Center HealthNet Plan (BMCHP) -</b> <b>Special Instructions:</b> Choose a vendor from the attached list and fax the completed form directly to the vendor. The vendor will then obtain prior authorization. This list and the Special Formula/Enteral Nutrition form can also be found at: <a href="http://www.bmchp.org/pages/providers/provider_home.aspx">http://www.bmchp.org/pages/providers/provider_home.aspx</a> (click on Authorization Forms, Enteral Nutrition Request Form) <ul style="list-style-type: none"> <li>• For all oral enterals, contact Northwood for prior-authorization, Tel # 1-866-802-6471, Fax # 1-877-552-6551.</li> <li>• For tube fed enterals: <ul style="list-style-type: none"> <li>○ Home Infusion providers contact BMCHP for prior authorization. Tel # 1-888-566-0008, Option 3</li> <li>○ DME providers contact Northwood for prior authorization: Tel # 1-866-802-6471, Fax # 1-877-552-6551</li> </ul> </li> </ul>
<input type="checkbox"/>	<b>Fallon Community Health Plan (FCHP) -</b> Contact Person/Department: Maureen Brenner, RN., UM Nurse – Utilization Management Department/Tel #: 508-368-9807/Fax #: 508-368-9133. <b>Special Instructions:</b> Please provide notes of past one year of office visits, yearly check ups, testing results and growth charts. For a list of contracted medical suppliers visit the Physician and Provider section at <a href="http://www.fchp.org">www.fchp.org</a> .
<input type="checkbox"/>	<b>Health New England (HNE) -</b> Contact Person/Department: Joan Timm, RN/Health Services Department. Tel #: 413-233-3419/Fax #: 413-233-2700. <b>Special Instructions:</b> Please provide notes of past one year of office visits, yearly checkups, testing results and growth charts. The completed form is to be faxed to the contracted DME/medical supplier.
<input type="checkbox"/>	<b>Neighborhood Health Plan (NHP) –</b> Contact Department: Clinical Services Dept./DME-Nutritional Authorizations Team. Tel #: 1-800-462-5449/Fax #: 617-526-1935. <b>Special Instructions:</b> The completed form is to be faxed to the contracted DME/medical supplier. NHP has a list of contracted medical suppliers at our website: <a href="http://www.nhp.org/pages/providers_home.aspx">www.nhp.org/pages/providers_home.aspx</a> (click Administrative Resources).
<input type="checkbox"/>	<b>Network Health-</b> Contact Person/Department: Marie Chiulli, RN Tel #: 888-257-1985/Fax #: 781-393-2601 <b>Special Instructions:</b> Send the completed form to the contracted DME/medical supplier. If the diagnosis is failure to thrive (FTT), submit a growth chart in addition to the form. For a list of our DME vendors, visit our Web site at <a href="http://www.network-health.org">www.network-health.org</a> .

**Note:** Prior-authorization requests with incomplete medical necessity documentation may be returned for more information or denied. Please refer to the *MassHealth and MCO Guidelines for Medical Necessity Determination for Enteral Nutrition Products* for further information about submitting required clinical documentation.

## FCHP MASSHEALTH

**Instructions:** Complete all applicable fields on the form. Print or type all sections.

<b>Item 1</b>	Member's name	Enter the member's name as it appears on the MCO Plan card.
<b>Item 2</b>	Member's MCO ID no.	Enter the member's MCO Plan identification number, which appears beside the member's name on the MCO card.
<b>Item 3</b>	Member's DOB/Age	Enter the member's date of birth in month/day/year order and age. Also include weeks of gestation for premies if applicable.
<b>Item 4</b>	Member/family's primary language	Enter the member/family's primary language. (If other than English this will flag the possible need for translator and/or interpreter services).
<b>Item 5</b>	Member's address	Enter the member's permanent legal address (street address, town, and zip code) including telephone where can be reached.
<b>Item 6</b>	Member's current location	Place a checkmark beside the member's current location (include telephone number). <i>Note: if NICU (Neonatal Intensive Care Unit) is checked off, the MCO and/or its designated DME or Pharmacy Vendor will flag the PA, process and track it expeditiously in order to ensure that the member's nutritional needs will be met as soon as the member is ready to be discharged to the community.</i>
<b>Item 7</b>	Primary diagnosis	Enter the primary diagnosis name and ICD-9-CM code that corresponds to the nutritional disorder for which the enteral product is being requested. Include evidence based clinical data regarding disease processes (i.e. not just GERD – all the clinical data that confirms that diagnosis).
<b>Item 8</b>	Secondary diagnosis	Enter the secondary diagnosis name and ICD-9-CM codes (up to three codes) that further describe medical conditions associated with the primary diagnosis. Enter "N/A" if not applicable. Include evidence based clinical data regarding disease processes (i.e. not just GERD – all the clinical data that confirms that diagnosis).
<b>Item 9</b>	Anthropometric measures	Complete all items associated with signs and symptoms of nutritional risk. Enter the member's height in inches, weight in pounds, body mass index, basal metabolic rate, and ideal body weight. Enter the growth percentile for children, and attach a growth chart.
<b>Item 10</b>	Laboratory tests	Place a check mark beside all diagnostic laboratory tests that apply, and specify the type of tests (for example, serum albumin, hematocrit, and enzyme profiles) in the space provided. Attach the results for each test.
<b>Item 11</b>	Risk factors	Place a check mark beside all risk factors that may affect treatment of nutritional risk. When indicated, specify the risk factors in the risk space provided. Attach clinical information for items checked.
<b>Item 12</b>	Route of treatment	Place a check mark beside the primary method that enteral products will be administered. If checking "Other", specify the method (for example, gravity, pump, or syringe) in the space provided.
<b>Item 13</b>	Treatment regimen initiated	Place a checkmark beside treatments that have been tried to manage nutritional risk. Attach an explanation on other nutritional support products used and responsiveness to such treatments.
<b>Item 14</b>	Expected treatment outcome	Place a checkmark beside the item that describes the prognosis for improvement with enteral treatment. Attach an explanation.
<b>Item 15</b>	Location where member will use items	Place a checkmark beside all locations that apply to use of this product. If checking "Other", specify the location where the product will be used (for example, skilled nursing facility or end stage renal disease facility) in the space provided.
<b>Item 16</b>	Expedited service authorization request	Place a checkmark beside the reason for requesting an expedited service authorization request. Must attach a detailed explanation for any reason checked.
<b>Item 17</b>	Duration of need	Enter the total number of months that the prescriber expects the member to require use of the items requested. Specify 1 to 99 months, where 99 indicates lifetime use. Enter Start and End Dates if known.
<b>Item 18</b>	No. of refills	Enter the number of monthly refills for this prescription.
<b>Item 19</b>	Enteral formula and supplies	Print the name of the enteral formula being requested and, if applicable, the supplies (for example, syringes or pump) required to administer the formula. Include HCPCS codes.
<b>Item 20</b>	Volume/fluid oz. per day and Calories per day	Enter the volume/fluid oz. per day of reconstituted formula being recommended for the member; and enter the calories per day (i.e. 1 unit = 100 calories)
<b>Item 21</b>	Quantity per month/Total Units Requested per HCPCS code.	Enter the quantity of enteral products requested per month for items listed (for example, 30 8-oz. cans).
<b>Item 22</b>	Type of formula requested	Place a checkmark beside the type of formula requested.
<b>Item 23</b>	DME provider	Enter the company name and address of the provider who will supply the enteral product(s) being requested. If available, also provide the DME provider's telephone and fax numbers and provider National Provider Identifier (NPI) number.
<b>Item 24</b>	Prescriber	Enter the physician's/clinician's name, address, telephone and fax numbers where he or she can be contacted if more information is needed. Include the prescriber's MCO Plan provider's NPI number, or if the prescriber is not an MCO Plan provider, enter the prescriber's NPI number.
<b>Item 25</b>	Person completing form on behalf of prescriber	If a clinical professional other than the treating clinician (for example, home health nurse, dietician, physical therapist, or nursing facility staff) or a physician employee answers any of the items on this form, he or she must print his or her name, professional title, and name of employer (organization) where indicated.
<b>Item 26</b>	Attestation	The prescriber must attest that the clinical information provided on this form is accurate and complete to the best of the prescriber's knowledge by signing this field.

*Combined MassHealth MCO Medical Necessity Review Form  
Enteral Nutrition Products (Special Formula) – Revised 4/28/2011*

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## **FCHP MassHealth Member Health Care Services for Children: Early and Periodic Screening, Diagnosis and Treatment (EPSDT) and Preventive Pediatric Health Care Screening and Diagnosis (PPHSD) Services**

### Overview

EPSDT and PPHSD are, collectively, the preventive care and treatment services that FCHP covers for our MassHealth members under the age of 21. FCHP pays for these members to see their primary care doctors or nurses on a periodic schedule. At these visits, primary care doctors and nurses perform a series of health screenings. If the member screens positive, FCHP pays for further assessment, diagnosis, and treatment services. FCHP also pays for members under the age of 21 to visit their primary care doctor or nurse between periodic visits (interperiodically) any time there might be something wrong.

MassHealth Standard and CommonHealth members are entitled to EPSDT services, FCHP pays for all medically necessary assessment, diagnosis, and treatment services that are covered by federal Medicaid law. If the services are not described in a contract, regulation, or procedure code covered for the FCHP MassHealth member's coverage type, please contact Care Services at 1-866-275-3247, prompt 3, to obtain plan prior authorization.

MassHealth has updated its EPSDT regulations and accordingly, FCHP providers must comply with these regulations. The changes and enhancements include:

- In addition to FCHP MassHealth Standard members under 21, FCHP MassHealth CommonHealth members under 21 are entitled to EPSDT services.
- Behavioral health (mental health and substance abuse) and developmental screenings in the list of screening services covered during an EPSDT or PPHSD visit.
- Mandate that primary care providers offer to conduct EPSDT and PPHSD screenings according to the EPSDT Periodicity Schedule, as described in the FCHP Provider Manual, and provide or refer such members to assessment, diagnosis and treatment services, as necessary.
- Providers requesting prior authorization for EPSDT services, for members enrolled in FCHP, should fax the completed Request For Preauthorization form to the Care Service Review Department at (508) 368-9700. Please refer to the Procedure Code Look-up Tool located on the FCHP Web site to determine if a procedure code/codes require preauthorization. Providers may also direct inquiries to the FCHP Provider Services line by calling 1-866-ASK FCHP select option #4.

The EPSDT Periodicity Schedule has been revised to update the procedures for conducting hearing, developmental and behavioral health screening, and the sources of anticipatory

guidance provided at periodic and interperiodic EPSDT and PPHSD visits. This information can be found in the FCHP Provider Manual. The EPSDT/PPHSD Screening Services Codes have been revised to update the list of Current Procedural Terminology (CPT) codes that are reimbursable for laboratory services, hearing tests, and vision tests during a periodic or interperiodic EPSDT or PPHSD visit. A new mandated code has been added for the behavioral health screenings.

#### Mandate for Primary Care Providers to Offer to Conduct EPSDT/PPHSD Screenings and Refer Members for Further Diagnosis and Treatment

FCHP is requiring all primary care providers to offer to conduct periodic and medically necessary interperiodic EPSDT and PPHSD screenings for FCHP MassHealth Standard and CommonHealth members under the age of 21 according to the EPSDT Periodicity Schedule. MassHealth is also requiring primary care providers to provide or refer members to needed assessment, diagnosis and treatment services.

FCHP is defining “primary care providers” as:

- General practitioners
- Family physicians
- Internal medicine physicians
- Pediatricians
- OB/Gyns
- Nurse practitioners

These providers must offer to conduct screenings when they practice in an individual or group practice, in the outpatient department of a hospital (acute or chronic and rehabilitation hospital) or in a community health center. Primary care services do not include emergency or post stabilization services provided in a hospital or other setting. Therefore, primary care providers are not required to offer to conduct screenings according to the EPSDT Periodicity Schedule, when practicing in those settings.

#### Developmental and Behavioral Health Screenings

In particular, FCHP is expressly including developmental and behavioral health (mental health and substance abuse) screenings in the list of EPSDT/PPHSD screenings.

FCHP has incorporated the revised EPSDT Periodicity Schedule to require that providers choose a clinically appropriate behavioral health screening tool from a menu of approved, standardized tools when conducting a behavioral health screening at a periodic or interperiodic visit. These standardized behavioral health screening tools are described in more detail below.

#### Menu of Standardized Behavioral Health Screening Tools

The menu of behavioral health screening tools that primary care providers must use during EPSDT and PPHSD visits is published below. These tools accommodate a range of ages while

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permitting some flexibility for provider preference and clinical judgment.

For your convenience, the menu of approved tools is reproduced in Table 1, “Behavioral Health Screening Tools,” along with a description of who completes the tool and the appropriate age group for the tool. Please note that Table 1 is for your information only. The EPSDT Periodicity Schedule controls the approved behavioral health screening tool.

Table 1. Behavioral Health Screening Tools			
		Who completes the tool	Appropriate age group for the tool
ASQ:SE	Ages and Stages Questionnaires: Social-Emotional <a href="http://www.brookespublishing.com/tools/asqs/index.htm">http://www.brookespublishing.com/tools/asqs/index.htm</a>	Parent	4 to 60 months
BITSEA	Brief Infant and Toddler Social and Emotional Assessment <a href="http://harcourtassessment.com/HAIWEB/Cultures/en-us/Productdetail.htm?Pid=015-8007-352&amp;Mode=summary">http://harcourtassessment.com/HAIWEB/Cultures/en-us/Productdetail.htm?Pid=015-8007-352&amp;Mode=summary</a>	Parent	12 to 36 months
CBCL YSR ASR	Achenbach System: Child Behavior Checklist Youth Self-Report Adult Self-Report <a href="http://www.ASEBA.org">http://www.ASEBA.org</a>	Parent Youth Young Adult Adult	1.5 to 18 years 11 to 18 years 18 to 59 years
CRAFFT	<u>C</u> ar, <u>R</u> elax, <u>A</u> lone, <u>F</u> orget, <u>F</u> riends, <u>T</u> rouble <a href="http://www.ceasar-boston.org/clinicians/crafft.php">http://www.ceasar-boston.org/clinicians/crafft.php</a> Screening for substance abuse	Youth	14 +
M-CHAT	Modified Checklist for Autism in Toddlers (tool) <a href="http://www.dbpeds.org/media/mchat.pdf">http://www.dbpeds.org/media/mchat.pdf</a> <a href="http://www.dbpeds.org/articles/detail.cfm?TextID=377">http://www.dbpeds.org/articles/detail.cfm?TextID=377</a> Screening for autism	Parent	18 to 30 months
PEDS	Parents’ Evaluation of Developmental Status <a href="http://www.pedstest.com">http://www.pedstest.com</a>	Parent	Birth to 8 years
PHQ-9	Patient Health Questionnaire-9 <a href="http://www.phqscreeners.com/">http://www.phqscreeners.com/</a> Screening for depression	Young Adult Adult	18+

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PSC Y-PSC	Pediatric Symptom Checklist	Parent	4 thru 16 years
	Pediatric Symptom Checklist-Youth Report <a href="http://psc.partners.org/">http://psc.partners.org/</a>	Youth	11+ years

**How to Claim for the Standardized Behavioral Health Screening Tools**

FCHP will pay for the administration and scoring of the behavioral health tools listed in the EPSDT Services: Medical Protocol and Periodicity Schedule (FCHP Provider Manual) when administered by:

- Physicians
- Nurse practitioners, and physician assistants under a physician’s supervision

FCHP will reimburse for the administration of one standardized behavioral health screening tool per FCHP MassHealth member, per day, regardless of the number of behavioral health screening tools administered on the same day for a given member.

Payment will be made to Primary Care Providers for the administration and scoring of the behavioral health screening tools in accordance with the EPSDT Periodicity Schedule. The provision of these services is considered separate from, and in addition to, the provision of periodic or interperiodic EPSDT and PPHSD visits. Primary Care Provider reimbursement will be made in accordance with his/her FCHP Provider Agreement. Claims for the behavioral health screening tool must be submitted using Current Procedural Terminology (CPT) service code 96110 (EPSDT/PPHSD Screening Services Codes).

The following provider types can submit claims for reimbursement for the standardized behavioral health screening tools:

- Physicians
- Hospital outpatient departments

Please note that distinct modifiers are required when billing the CPT code for the behavioral health screening tools. Effective July 1, 2011, failure to include the modifier will result in denial of the claim. These modifiers will allow FCHP to track the disposition of the screening so that FCHP will know the number of FCHP MassHealth members with a behavioral health need identified. These modifiers vary by provider type. Please see Table 2, “Modifiers for Use with CPT Code 96110,” for direction on the appropriate modifier to use.

Table 2. Modifiers for Use with CPT Code 96110		
Servicing Provider	Modifier for Use When No Behavioral	Modifier for Use When

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	Health Need Identified *	Behavioral Health Need Identified *
Physician, Outpatient Hospital Department (OPD)	U1	U2
Nurse Midwife employed by Physician or CHC	U3	U4
Nurse Practitioner employed by Physician	U5	U6
Physician Assistant employed by Physician	U7	U8

\* Behavioral health needs includes needs in the area of behavioral health, social-emotional well-being, or mental health.

The text of the CPT code and modifiers required to claim for the standardized behavioral health screening tools are listed in Table 3, "Text of CPT Code and Modifiers for Claiming the Standardized Behavioral Health Screening Tools." Please note that this list of codes is for your information only. See the FCHP Provider Manual, [EPSDT/PPHSD Screening Service Codes](#), for the codes and modifiers that are required to claim for the administration and scoring of the behavioral health screening tool.

Table 3. Text of CPT Code and Modifiers for Claiming the Standardized Behavioral Health Screening Tools	
Code/Modifier	Text of Code/Modifier
CPT 96110	Developmental testing; limited (e.g. Developmental Screening Test II, Early Language Milestone Screen), with interpretation and report
U1	Physician, Nurse Practitioner, Outpatient Hospital Department (OPD), completed behavioral health screening with no behavioral health need identified
U2	Physician, Nurse Practitioner, Outpatient Hospital Department (OPD), completed behavioral health screening and behavioral health need identified
U5	Nurse Practitioner (SA) employed by Physician, completed behavioral health screening with no behavioral health need identified
U6	Nurse Practitioner (SA) employed by Physician, completed behavioral health screening and behavioral health need identified
U7	Physician Assistant (HN) employed by Physician, completed behavioral health screening with no behavioral health need identified
U8	Physician Assistant (HN) employed by Physician, completed behavioral health screening and behavioral health need identified

Training on How to Administer and Claim the Standardized Behavioral Health Screening Tools  
FCHP will be offering training opportunities for providers to learn more about how to administer and claim for administration of the standardized behavioral health screening tools listed in The EPSDT Periodicity Schedule and reproduced above in Table 1.

Training on how to administer the standardized behavioral health screening tools is available online. For more information, please visit the MassHealth Web site for child behavioral health at [www.mass.gov/masshealth/childbehavioralhealth](http://www.mass.gov/masshealth/childbehavioralhealth). There is more information about this Web site below.

Training on how to claim for the administration of the standardized behavioral health screening tools is also available. You can contact the FCHP Provider Relations Department, 1-866-ASK-FCHP (1-866-275-3247), press 4, for more information on these trainings.

#### Child Behavioral Health Initiative Information on the Web

The Children's Behavioral Health Initiative (CBHI) is an inter-agency initiative of the Commonwealth's Executive Office of Health and Human Services whose mission is to strengthen, expand and integrate Massachusetts state services into a comprehensive, community-based system of care, to ensure that families and their children with significant behavioral, emotional and mental health needs obtain the services necessary for success in home, school and community.

Fallon Community Health Plan provides a full range of Behavioral Health services including individual, group or family therapy, "diversionary" services such as partial hospitalization and inpatient care.

As part of the Children's Behavioral Health Initiative, Behavioral Health services for certain children and youth under the age of 21 have been expanded to include, when medically necessary, home- and community-based services including mobile crisis intervention, in-home therapy, in-home behavioral services, family support and training, therapeutic mentoring and Intensive Care Coordination.

For more information visit [www.fchp.org](http://www.fchp.org) or call FCHP's MassHealth Customer Service Department at 1-800-341-4848, or visit Beacon Health Strategies, FCHP Behavioral Health partner, at [www.beaconhealthstrategies.com](http://www.beaconhealthstrategies.com), or call 1-888-421-8861.

#### Child Adolescent Needs and Strengths (CANS) tool

FCHP in conjunction with its behavioral health partner, Beacon Health Strategies (Beacon)

requires a uniform behavioral health assessment process that includes a comprehensive needs assessment employing the Child Adolescent Needs and Strengths (CANS) tool.

Two tasks must be completed in order for a FCHP/Beacon behavioral health clinician to obtain access to the CANS tool:

- (1) The clinician must become trained and certified in the use of CANS;
- (2) The clinician's provider organization must designate the clinician to the EOHHS Virtual Gateway as a user.

The Child Adolescent Needs and Strengths Tool:

Mass Health requires a uniform behavioral health assessment process that includes a comprehensive needs assessment employing the Child and Adolescent Needs and Strengths (CANS) tool for all Mass Health members under age 21, in specific levels of care. The CANS is intended to be used as a treatment decision support tool for providers. All Mass Health providers must be certified in the administration of the CANS, and must recertify themselves every two years. All CANS certified providers must have a Virtual Gateway account and a high-speed or satellite internet connectivity to access the CANS IT system. Providers must enter the CANS assessment into the Virtual Gateway upon initial completion or update. Providers are required to obtain member consent prior to entering member CANS information into the Virtual Gateway system. Should consent not be authorized by the family, guardian or emancipated minor, providers must still enter Serious Emotional Disturbance (SED) status via the Virtual Gateway.

There are two forms of the Massachusetts CANS: There are two forms of the Massachusetts CANS:

- "CANS Birth through Four": used until a child's fifth birthday
- "CANS Five through Twenty": used until an adolescent's 21<sup>st</sup> birthday

Outpatient providers will be required to use the CANS as part of an initial behavioral health assessment and must update the CANS screening at least every 90 days.

Should a member be treated by more than one behavioral health provider, each provider must administer the CANS.

Inpatient or other 24-hour level of care providers will be required to use the CANS as part of discharge planning process.

Should you have questions about the CANS training or certification process, you can contact the CANS training group either by calling 508-856-1016 or on the web: [mass.cans@umassmed.edu](mailto:mass.cans@umassmed.edu).

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If you have questions regarding FCHP/Beacon's expectations regarding the CANS tool, contact Deborah Kaegebein, PhD at Beacon Health Strategies at 1-781-994-7554 or via email at [Deborah.Kaegebein@beaconhs.com](mailto:Deborah.Kaegebein@beaconhs.com)

Each clinician who will be entering and viewing data in the CANS application will need to have a Virtual Gateway User ID in order to access the tool.

*Should you need assistance with the Virtual Gateway, please call Virtual Gateway Customer Service, Monday- Friday 8:30am-5:00p at:*

- 1-800-421-0938
- 617-988-3301 TTY

### CANS forms

The paper CANS form is located online. It can be found at: <http://www.mass.gov/masshealth/childbehavioralhealth>. When you arrive on that Web site, choose "Information for Providers" and then click "CANS tools."

### Provider communications regarding CANS

[August 2008](#)

[November 2008](#)

## **SUMMIT ELDERCARE**

Summit ElderCare (SE), a Program of All-inclusive Care for the Elderly (PACE), provides comprehensive and coordinated services for adults frail enough to need nursing home level of care but prefer to remain living at home in the community.

For over 12 years, Fallon Community Health Plan has operated this program which is a national model of health care for adults 55 and older, residing in Worcester County, Marlborough and Hudson. The goal of Summit ElderCare is to provide the medical, insurance and social support systems to help frail seniors to remain at home in their community. It is a welcome alternative to a nursing home placement.

SE is the only program of its kind in central Massachusetts, it allows elders to maintain their independence while providing necessary support for both them and their caregivers.

SE offers the convenience and security of coordinated care. Most medical services are provided at the Summit ElderCare Adult Day Health Center by one team of medical professionals who know participants' medical history. Participants do not have to be a member of Fallon Community Health Plan to join. Any person age 55 and older who is able to live safely at home, who lives in Worcester County, Marlborough or Hudson, and who is certified by the EOHHS's screening agent as meeting Medicaid nursing facility clinical criteria is eligible for SE.

An individualized care plan of services is developed and approved by the Interdisciplinary Team and may include:

- Primary medical and nursing care
  - Inpatient Hospital Services
  - Inpatient Skilled Nursing Facility and Nursing Facility Services
- Full prescription drug coverage including over-the-counter medications
- Medical supplies and equipment
- Physical, occupational and recreational therapies
- In-home care
- Summit ElderCare Adult Day Health Center with a specialized unit for the memory-impaired
- Specialty care including podiatry, optometry and audiology

- Round-trip transportation to the SE center or contracted Adult Day Health Center
- Family caregiver support

The Summit ElderCare team includes:

- Primary care physician
- Nurse practitioners and nurses
- Social workers
- Health aides
- Rehabilitative therapists
- Recreational therapists
- Nutritionists
- Van drivers

### Special features of Summit ElderCare

There are several unique features of our program:

#### 1. Interdisciplinary team

Care is planned and provided by a team of geriatric specialists. The team includes a primary care physician, a nurse practitioner, registered nurse, social worker, rehabilitation and recreation therapists, health aides and others who will assist participants. Each team member's special expertise is employed to assess the participant's health care needs and to call upon additional specialists, if necessary. Together, with the participant and his/her family, we create a plan of care. All the services the participants receive are coordinated and arranged by the team.

#### 2. Authorization of care

The SE Interdisciplinary team must review, approve and authorize all care and services, **except emergency services and urgent care**; and any changes in the participant's care plan, whether adding, changing or discontinuing a service. They will ensure that the participant is receiving the most appropriate care. The participant will get to know each of the members of the team very well. They will work closely with the participant so he or she can be as healthy and independent as possible. The team will reassess the participant's needs at least every six months, but more frequently, if necessary.

**3. Summit ElderCare centers**

Participants receive the majority of your health care services at our Summit ElderCare Adult Day Health Centers located at:

277 East Mountain Street  
Worcester, MA

1369 Grafton Street  
Worcester, MA

88 Masonic Road  
Charlton, MA

55 Cinema Boulevard  
Leominster, MA

Summit ElderCare also contracts with adult day programs at Dodge Park Day Club and St. Francis in Worcester, MA. We will work with the participant and his or her family to determine a schedule of attendance at the Summit ElderCare Adult Day Health Center or any of our contracted facilities. Transportation to and from the Adult Day Health Centers for medical care and adult day social programs is provided free of charge.

The Interdisciplinary Team may authorize services to be provided in the participant's home, in a hospital or a nursing facility. We have contracts with physician specialists, (such as cardiologists, urologists, and orthopedists), with pharmacies, laboratories, and X-ray services, and with hospitals and nursing facilities.

**We offer access to care on a 24-hour basis, 365 days of the year.**

**4. Physicians and providers**

Summit ElderCare physicians and providers are solely responsible for the participant's health care.

**5. Coordinated, comprehensive care**

We have flexibility in providing care according to your needs. The interdisciplinary team will be able to determine the appropriate medical services for your care. In-home care will also be evaluated and provided by the team as determined by their assessment of your needs.

**6. Services are provided exclusively through Summit ElderCare**

The services offered by SE are available to participants because of a special

agreement among Summit ElderCare, the Commonwealth of Massachusetts, MassHealth and the US Department of Health & Human Services, Centers for Medicare & Medicaid Services (CMS).

Once a participant has enrolled in SE, he or she agrees to receive services exclusively from the SE providers and the SE contracted providers. Otherwise, he or she may be fully and personally liable for the costs of unauthorized or out-of-SE program agreement services. Therefore, the participant will no longer be able to obtain services from other physicians or medical providers under his or her previous coverage (e.g. original) Medicare and Medicaid providers.

### **Advantages of enrolling in Summit ElderCare**

Summit ElderCare was designed and developed specifically to maintain independence for adults 55 and over; the program offers comprehensive, coordinated medical, social and home support services through a single program. Because SE is a Program of All-inclusive Care for the Elderly (PACE) funded by the Center of Medicare Services and Medicaid, we are able to provide a full range of comprehensive medical, rehabilitative and financing arrangements with Medicare and Medicaid which allows us to provide flexible benefits and coordinated care. Most SE participants are Medicare- and Medicaid-eligible and pay no monthly cost for a fully-integrated program of Medicare and Medicaid benefits, including all prescriptions, rehabilitative services, and adult day social programs. Some participants pay a share of cost for SE services.

Other advantages include:

- SE has operated in Worcester County, Marlborough and Hudson since the mid-1990's and is sponsored by Fallon Community Health Plan
- Care is provided by dedicated on-site geriatric health care professional
- Comprehensive medical and Part D prescription coverage
- Home support services
- Coordinated care 24 hours a day, 365 days a year
- Support for family caregivers
- Individualized care planning

### **Benefits and coverage**

The following benefits are fully covered when approved by the Interdisciplinary Team and when provided by SE's contractors and in contracted facilities.

Approval is not required for emergencies. Urgent care is covered and may be pre-approved or is deemed approved if SE does not respond to a request for approval within one hour of being contacted or cannot be contacted.

**1. Outpatient health services**

- a. Adult day health care
- b. Primary care, including consultation, routine care, preventive health care and physical examinations
- c. Medical specialty services including, but not limited to, services such as cardiology, gastroenterology, oncology, urology, rheumatology and dermatology are also provided services
- d. Nursing care

**2. Personal care and supportive services**

- a. Social services
- b. Physical, occupational and speech therapies
- c. Recreational therapy
- d. Nutrition counseling and education
- e. Laboratory tests, X-rays and other diagnostic procedures
- f. Prescription drugs (only if obtained from a pharmacy designated by ESP)
- g. Prosthesis and durable medical equipment **when determined medically necessary by the Interdisciplinary Team.**
- h. Podiatry
- i. Vision care, including examinations, treatment and corrective devices such as eyeglasses
- j. Dental care (as defined in number 8 below)
- k. Psychiatry, including evaluation, consultation, diagnostic and treatment service
- l. Audiology evaluation, hearing aids, repairs and maintenance

**3. Hospital inpatient care**

- a. Ambulance
- b. Emergency room care and treatment room services
- c. Semi-private room and board, as available
- d. General medical and nursing services

- e. Medical, surgical, intensive care and coronary care unit, as necessary
- f. Laboratory tests. x-rays and other diagnostic procedures
- g. Other diagnostic procedures
- h. Drugs and biologicals
- i. Blood and blood derivatives
- j. Surgical care, including anesthesia
- k. Use of oxygen
- l. Physical, speech, occupational, respiratory therapies
- m. Social services

**4. Home health care**

- a. Skilled nursing services
- b. Physician visits
- c. Physical, speech and occupational therapies
- d. Social services
- e. Home health aide services
- f. Homemaker/chore services
- g. Home-delivered meals with special diets
- h. Lifeline System
- i. Medical Supplies

**5. Skilled nursing facility/nursing facility care**

**6. End of life services**

End of life services are provided in a hospital, nursing facility, adult day health center, at home or on an outpatient basis.

**7. Health-related services**

Health-related services may include transportation, homemaker/chore services, home delivered meals, escort services, translation services and access to money and bill management.

**8. Dental care**

Our first priority for dental care is to treat pain and acute infection. Our second priority is to maintain dental functioning so that participants can chew as well as possible. The dentist and the Interdisciplinary Team provide dental care according to the need and appropriateness as determined. Participants will

receive an initial dental assessment and exam within the first three months of their enrollment. After that, participants will have a yearly oral exam.

**9. Interdisciplinary assessment and Care plan**

All participants receive an initial comprehensive assessment and care plan at the time of enrollment. All participants are reassessed on a semi-annual basis or more often if a participant's condition requires it. The care plan is revised and updated at the time of the reassessment.

The SE staff provides all primary care services through the adult day health center and the in-home service program. SE has available a number of specialists and health care facilities for specialty care. Whenever the interdisciplinary team determines that participants need these services, they will make arrangements to provide that care. A list of the major contracted providers and facilities is available at the Summit ElderCare Center and will be provided to participants.

**Eligibility**

Enrollees must be:

- At least 55 years of age.
- Capable of safely residing in the community setting without jeopardizing their health and safety.
- Living in the SE service areas of Worcester County, Marlborough and Hudson.
- Certified by the screening agent of the MassHealth program that they have met the level of care required for coverage of nursing facility services.

**Enrollment and effective dates of coverage**

Enrolling in Summit ElderCare is a five-step process:

1. Intake
2. Intake Assessment
3. Enrollment
4. Final Approval
5. Continuation of Enrollment

Benefits coverage officially begins on the first day of the month after participants sign the Enrollment Agreement.

## 1. Intake

The intake process begins when the applicant or someone on his or her behalf makes a call to SE. A SE representative will call you and provide a comprehensive overview of the program:

- a. How SE works
- b. The kinds of services it offers
- c. The answers to any questions applicant may have about us
- d. That when applicant enrolls he or she must agree to receive all his or her medical and health care exclusively from the SE, with the exception of emergency services
- e. Applicant's monthly payment, if any

After this overview, if the applicant is interested in enrolling in SE, we will arrange for a home visit by a member of our enrollment team (nurses). The enrollment staff member contacts the applicant within two business days of receiving the referral to obtain information on the applicant's needs and schedules a home visit.

At the **home visit**, the Enrollment Coordinator:

- Completes the Intake Sheet and Home Services form
- Obtains Consent for Release of Medical Records to SE and financial information.
- Determines the need for a Medicaid application.
- The Enrollment Coordinator completes the Minimum Data Set (MDS), or leveling form and the MassHealth Request for Services pgs. 1-2.

The **leveling assessment** documentation is faxed to appropriate Aging Services Access Point (ASAP) which is determined by the applicant's place of residence. The ASAP will notify the applicant and SE of an acceptance or denial.

Upon **acceptance** by the ASAP the SE scheduler a) requests the applicant's medical record; b) schedules an intake visit for the applicant and caregivers, as soon as possible; c) schedules transportation for the intake visit as appropriate; d) forwards a copy of the Enrollment Process forms to the appropriate SE team members.

## 2. Intake assessment

During the intake assessment process, the team will assess whether Summit ElderCare can meet the applicant's medical, nursing, psychological and social needs.

Within three weeks, our team will have evaluated the applicant's situation. The team then will meet to share their findings and ideas for the applicant's care. At this meeting, they will decide whether the applicant meets the criteria for admission into the program, that is, whether the applicant's problems and needs appear to meet the MassHealth criteria for nursing facility level-of-care and whether you are found to be able to remain safely in your home or in the community.

A prospective participant may be denied enrollment because the team assesses that remaining in their home and or the community would jeopardize the individual's health and safety. In such cases, Summit ElderCare Interdisciplinary team **will provide written notification** explaining the reason for the denial and refer the individual to appropriate alternative services. **If you are denied enrollment, you have the right to appeal to MassHealth, Medicare or both.**

### 3. Enrollment

If the applicant has found his or her visits to the center satisfactory and if the team believes that he or she is eligible, the applicant and he or her family will be invited to meet with the Social Worker. At that time, the applicant will review and come to an agreement about his or her participation in Summit Eldercare before signing the Enrollment Agreement. At this meeting the applicant and his or her family member(s) will have an opportunity to discuss:

- a. Their input into the plan of care recommended by the team
- b. Ask questions about the monthly payment, if any
- c. The nature of the partnership between the caregiver(s) and Summit ElderCare

If the applicant decides to join Summit ElderCare, he or she will sign the Enrollment Agreement. Upon signing, the applicant will receive an Enrollment Packet that includes:

- a. A copy of the Enrollment Agreement Form
- b. The SE Enrollment Agreement
- c. SE membership card
- d. Stickers for enrollee's Medicare and Medicaid cards that identify him or her as SE participant
- e. Emergency contact information to post on enrollee's refrigerator or by the phone

## **Summit ElderCare quality management**

Summit ElderCare, maintains, evaluates, and implements an ongoing effective, data-driven Quality Assessment and Performance Improvement Program.

Summit ElderCare's quality program goal is to ensure that quality care is provided to all program participants. The quality program systematically designs, measures, monitors, evaluates and improves the performance of its PACE program.

### **Quality Assessment and Performance Improvement Program**

The outcome-based quality management system reflects the scope of services provided by the PACE program and identifies opportunities for improvement by monitoring appropriate indicators, outcome measurements and the evaluation of the effectiveness of the program by site and overall.

The written Quality Assessment and Performance Improvement Program define the objectives, scope, structure, committees, and functions of the Summit ElderCare program. It is reviewed and updated annually and presented to the Fallon Community Health Plan Board of Directors for approval.

### **Grievances**

All Clinical and Administrative staff of SE share responsibility for assuring that participants and caregivers are satisfied with the care the participant receives. Participants and caregivers are encouraged to express any grievances at the time and place any dissatisfaction occurs.

Participants will be provided with information for their grievance and appeal rights upon enrollment, annually and when a denial or concern is raised.

### **Costs**

Some participants may have a monthly share of cost or premium based on income. Summit ElderCare is covered by Medicare and Medicaid (MassHealth) for eligible individuals, and is also available on a private pay basis. Many participants qualify for zero monthly cost share or zero premium based on income. In addition, all SE covered services are provided with no co-payments or out-of-pocket expense for program participants. Medicare beneficiaries not on Medicaid must continue to pay their Part B premium after enrollment in SE, along with the monthly premium. Participants in SE pay no additional co-payments or deductible for covered services.

### **Your Rights as an Summit ElderCare (SE) Participant**

The rights of the individual to respect and nondiscrimination are fundamental to the basic philosophy of the PACE program. Within this context, as a participant in a

federally-qualified PACE program, according to Federal PACE Regulations §460.112, you have certain rights and protections.

**To be treated with respect.**

You have the right to be treated with dignity and respect at all times, to have all of your care kept private, and to get compassionate, considerate care. You have the right:

- To get all of your health care in a safe, clean environment.
- To be free from harm. This includes physical or mental abuse, neglect, physical punishment, being placed by yourself against your will, and any physical or chemical restraint that is used on you for discipline or convenience of staff and that you do not need to treat your medical symptoms or to prevent injury.
- To be encouraged to use your rights in the SE program.
- To get help, if you need it, to use the Medicare and Medicaid complaint and appeal processes, and your civil and other legal rights.
- To be encouraged and helped in talking to SE staff about changes in policy and services you think should be made.
- To use a telephone while at the SE Day Center.
- To not have to do work or services for the SE program.

**You have a right to protection against discrimination**

Discrimination is against the law. Every company or agency that works with Medicare and Medicaid must obey the law. They cannot discriminate against you because of your:

- Race / Ethnic Origin
- Religion
- Age
- Sex
- Sexual Orientation
- Mental or physical ability
- Source of payment for your health care (For example, Medicare or Medicaid)

If you think you have been discriminated against for any of these reasons, contact a staff member at the SE Center to help you resolve your problem.

If you have any questions, you can call the Office for Civil Rights at 800-368-1019. TTY users should call 800-537-7697.

**You have a right to information and assistance.**

You have the right to get accurate, easy-to-understand information and to have someone help you make informed health care decisions. You have the right:

- To have someone help you if you have a language or communication barrier so you can understand all information given to you.
- To have the SE staff or a translation service interpret the information into your preferred language in a culturally competent manner, if your first language is not English and you can't speak English well enough to understand the information being given to you.
- To get marketing materials and SE rights in English and in any other frequently used language in your community. You can also get these materials in Braille, if necessary.
- To get a written copy of your rights from the SE program. The SE program must also post these rights in a public place in the SE center where it is easy to see them.
- To be fully informed, in writing, of the services offered by the SE program. This includes telling you which services are provided by contractors instead of the SE staff. You must be given this information before you join, at the time you join, and when there is a change in services.
- To look at, or get help to look at, the results of the most recent review of your SE program. Federal and State agencies review all SE programs. You also have a right to review how the SE program plans to correct any problems that are found at inspection.

**You have a right to a choice of providers.**

You have the right to choose a health care provider within the SE network and to get quality health care. Women have the right to get services from a qualified women's health care specialist for routine or preventive women's health care services.

**You have a right to access emergency services.**

You have the right to get emergency services when and where you need them without the SE program's approval. A medical emergency is when you think your health is in serious danger—when every second counts. You may have a bad injury, sudden illness or an illness quickly getting much worse. You can get emergency care anywhere in the United States.

**You have a right to participate in treatment decisions.**

You have the right to fully participate in all decisions related to your health care. If you cannot fully participate in your treatment decisions or you want to have someone you trust help you, you have the right to choose that person to act on your behalf. You have the right:

- To have all treatment options explained to you in a language you understand, to be fully informed of your health status and how well you are doing, and to make health care decisions. This includes the right not to get treatment or take medications. If you choose not to get treatment, you must be told how this will affect your health.
- To have the SE program help you create an advance directive. An advance directive is a written document that says how you want medical decisions to be made in case you cannot speak for yourself. You should give it to the person who will carry out your instructions and make health care decisions for you.
- To participate in making and carrying out your plan of care. You can ask for your plan of care to be reviewed at any time.
- To be given advance notice, in writing, of any plan to move you to another treatment setting and the reason you are being moved.

**You have a right to have your health information kept private.**

You have the right to talk with health care providers in private and to have your personal health care information kept private as protected under state and federal laws. You also have the right to look at and receive copies of your medical records.

There is a new patient privacy rule that gives you more access to your own medical records and more control over how your personal health information is used. If you have any questions about the Health Insurance Portability and Accountability Act

(HIPAA) privacy rule, call the Office for Civil Rights at 1-800-368-1019. TTY users should call 1-800-537-7697.

**You have a right to file a complaint.**

You have a right to complain about the services you receive or that you need and don't receive, the quality of your care, or any other concerns or problems you have with the SE program. You have the right to a fair and timely process for resolving concerns with SE. You have the right:

- To a full explanation of the complaint process.
- To be encouraged and helped to freely explain your complaints to SE staff and outside representatives of your choice. You must not be harmed in any way for telling someone your concerns. This includes being punished, threatened, or discriminated against.
- To appeal any treatment decision by the SE program, staff, or contractors.

**You have a right to leave the program.**

If, for any reason, you do not feel that the SE program is what you want, you have the right to leave the program at any time.

**Additional Help**

If you have complaints about your SE program, think your rights have been violated, or want to talk with someone outside the SE program about your concerns, call 800-MEDICARE or 800-633-4227 to get the name and phone number of someone in your State Administering Agency.

You have the right to contact outside advocacy agencies to assist you in an appeal or grievance, including the Central Massachusetts Area Agency on Aging at 508-852-5539 or 800-244-3032 (TDD/TTY: 508-852-5539), the Executive Office of Elder Affairs at 508-799-1230, Serving the Health Information Needs of Elders (SHINE) at 800-882-2003 (TDD/TTY: 800-872-0166), or the Member Rights Center at 888-HMO-9050.

If you are a MassHealth/Medicaid beneficiary, you may also request a fair hearing. The request may be mailed to the Office of Medicaid/MassHealth, Board of Hearings, 2 Boylston Street, Boston, MA 02116, or you may fax your request to 617-210-5820.

If you are concerned about the quality of the care you have received, you have the right to file a complaint with the local Massachusetts Quality Improvement

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## SUMMIT ELDERCARE

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Organization (MassPRO) at 781-890-0011 or 800-252-5533 (TDD/TTY: 877-486-2048), Monday through Friday, 8 a.m. to 5 p.m.

You also have the right to contact the Office for Civil Rights at 800-368-1019 (TDD/TTY: 800-537-7697) if you have questions about your rights as an ESP participant, or if you believe that your rights have been violated. You can also get copies of a brochure from the Centers for Medicare & Medicaid Services (CMS) about PACE program rights by calling 800-MEDICARE or 800-633-4227. TTY users should call 877-486-2048.

## VERIFYING MEMBERSHIP

FCHP members must select a primary care provider (PCP) in internal medicine, pediatrics, or family practice as his or her personal physician. A MassHealth member may choose an Ob/Gyn as her PCP. When an FCHP member makes an appointment with a provider, the provider's office should verify the membership by checking that the patient is a current FCHP member, has chosen an FCHP option for which the provider is contracted, and has selected the provider as his/her PCP.

### Procedure:

1. Upon booking the appointment, a PCP office may check the panel PCP report to confirm that the patient is an FCHP member who has selected that physician as his/her personal physician.
2. If available, the provider's office may check the member's membership card to confirm FCHP membership and option selection. A new member may carry a copy of his/her application form until the membership card is available. This can be accepted as proof of membership. The requested effective date of FCHP membership is indicated in the top left portion of the application. The physician may also access FCHP's *Provider Tools*. *Provider Tools* is a Web-based program that gives providers access to member eligibility and claims metric reports, and performs secure file transfers to and from FCHP. For more information please contact our EDI coordinators at 866-ASK-FCHP (275-3247), ext. 69968.
3. The physician's office may also call the FCHP Provider Service Line at 866-ASK-FCHP (275-3247) to assist with urgent member eligibility questions. To do this, the physician's office must have the patient's name and date of birth. All routine eligibility questions can be faxed to FCHP's Marketing Operations Unit at 508-831-1136. All routine requests will be responded to within two business days.
4. Patients whose membership cannot be verified should be thus advised and told that they may be responsible for the cost of services provided. They will be billed directly if FCHP cannot confirm enrollment as an FCHP member. If the patient feels that there is an error with the verification, he/she should be advised to call the FCHP Customer Service Department at 800-868-5200 for a review and resolution.

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## VERIFYING MEMBERSHIP

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5. The provider's office should be careful to check the PCP panel report or identification card. Some FCHP members have different copayments, deductibles and/or benefits.
6. Commonwealth Care Eligibility Verification – The Health Connector requires that all providers accept verification of enrollment with FCHP from the Eligibility Verification System (EVS) in lieu of an FCHP ID card. You may access the EVS by visiting [www.mass.gov/masshealth](http://www.mass.gov/masshealth).

To use the MassHealth Provider Online Service Center (POSC), you must have Internet access, designate a primary user to be responsible for security access, and have that person register as the primary user. Once registered, the primary user can set up user IDs for others who will need to use the POSC in, or associated with your organization, including other site locations and billing intermediaries. Once registered, there are detailed instructions for checking member eligibility.

# Product Reference Guide

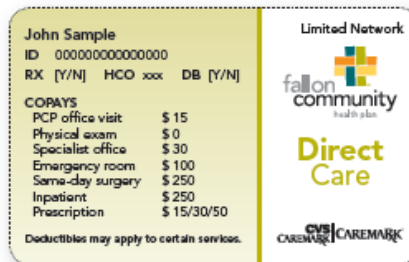
## Fallon Community Health Plan Member ID cards

Updated: February, 2012

Since July 2011, Fallon Community Health Plan has been issuing new ID cards to all members. As we make this transition, please use this guide to help you identify FCHP's new ID cards and the corresponding plan details such as the referral process, copayments and deductibles. Below, please find a sample of FCHP's existing member ID card, as some members will still be using this card during the upcoming months. If you have any questions, please call FCHP's Provider Relations Department at 1-866-ASK-FCHP (1-866-275-3247).

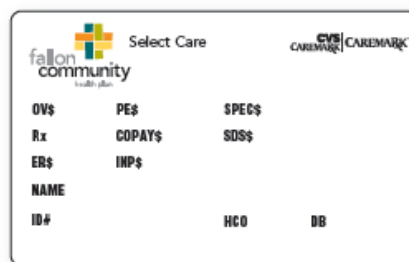
## New FCHP member ID card

In use: Staggered launch began July 1, 2011



## Existing FCHP member ID card

In use: Now through July 1, 2012



The cards shown are standard membership ID cards. Some information may vary on individual cards. For more information, call 1-866-ASK-FCHP or visit [fchp.org](http://fchp.org).

*Please note: The following plan details are accompanied by examples of the newly redesigned member ID cards.*

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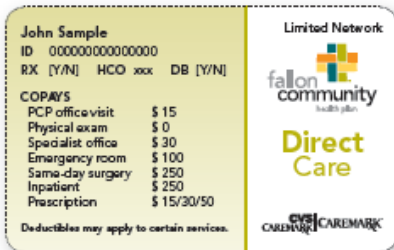


## MEMBERSHIP CARDS



### FCHP Select Care

- Members choose a PCP from the FCHP Select Care network.
- PCP referral is required for in-network specialty care. Out-of-network specialty care requires prior authorization.



### FCHP Direct Care

- Members choose a PCP from the FCHP Direct Care network.
- PCP referral is required for in-network specialty care. Out-of-network specialty care requires prior authorization.



### Fallon Preferred Care

- Preferred provider organization (PPO) product.
- \$0 copayment for routine physical exams in-network.
- Members have nationwide access to hospitals and physicians that are available through the Fallon Preferred Care and PHCS/Multiplan networks.
- Offers in-network and out-of-network benefit levels.



### FCHP Steward Community Care

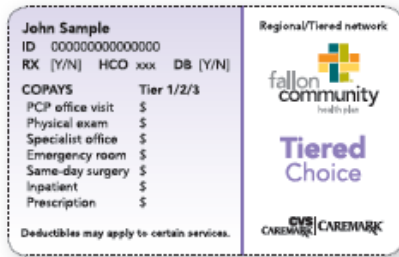
- Members choose a PCP from the FCHP Steward Community Care network.
- PCP referral is required for in-network specialty care. Out-of-network specialty care requires prior authorization.



■ = For all office and facility-based services identified in the FCHP *Provider Manual*, the PCP or specialist must obtain prior plan authorization, and the facility must provide notification to FCHP.

● = \$0 copayment for routine physical exams. ▲ = Copayments, coinsurance and deductibles may apply.

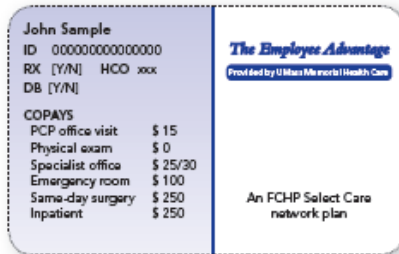
## MEMBERSHIP CARDS



### FCHP Tiered Choice

- Members choose a PCP from the FCHP Tiered Choice network.
- Providers are categorized into 1 of 3 tiers.
- PCPs and specialists are tiered with some plan designs, but not others.
- PCP referral is required for in-network specialty care. Out-of-network specialty care requires prior authorization.
- Cost-sharing varies by tier. Members who see a Tier 1 provider will pay a lower cost-sharing amount than when they see a Tier 2 or Tier 3 provider.

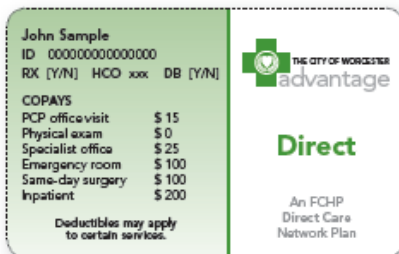
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### The Employee Advantage

- Members choose a PCP from The Employee Advantage network, a tiered network based on the FCHP Select Care network.
- PCP referral is required for in-network specialty care. Out-of-network specialty care requires prior authorization.
- Specialists are categorized into 2 tiers. Copayments vary by tier.

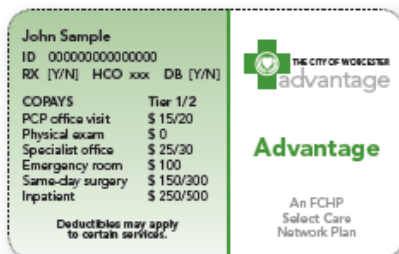
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### The City of Worcester Advantage Direct Plan

- Members choose a PCP from The City of Worcester Advantage Direct network, which is based on the FCHP Direct Care network.
- PCP referral is required for in-network specialty care. Out-of-network specialty care requires prior authorization.

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### The City of Worcester Advantage Advantage Plan

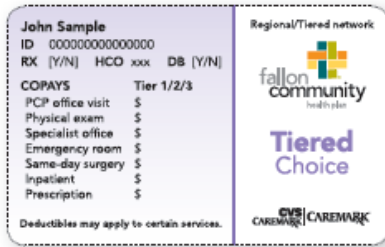
- Members choose a PCP from The City of Worcester Advantage network, a tiered network based on the FCHP Select Care network.
- PCP referral is required for in-network specialty care. Out-of-network specialty care requires prior authorization.
- Providers are categorized into 2 tiers. Copayments vary by tier.

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■ = For all office and facility-based services identified in the FCHP *Provider Manual*, the PCP or specialist must obtain prior plan authorization, and the facility must provide notification to FCHP.

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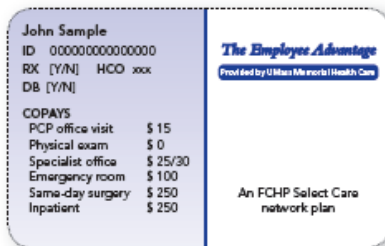
## MEMBERSHIP CARDS



### FCHP Tiered Choice

- Members choose a PCP from the FCHP Tiered Choice network.
- Providers are categorized into 1 of 3 tiers.
- PCPs and specialists are tiered with some plan designs, but not others.
- PCP referral is required for in-network specialty care. Out-of-network specialty care requires prior authorization.
- Cost-sharing varies by tier. Members who see a Tier 1 provider will pay a lower cost-sharing amount than when they see a Tier 2 or Tier 3 provider.

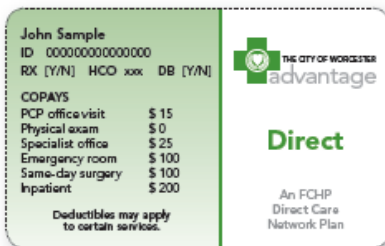
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### The Employee Advantage

- Members choose a PCP from The Employee Advantage network, a tiered network based on the FCHP Select Care network.
- PCP referral is required for in-network specialty care. Out-of-network specialty care requires prior authorization.
- Specialists are categorized into 2 tiers. Copayments vary by tier.

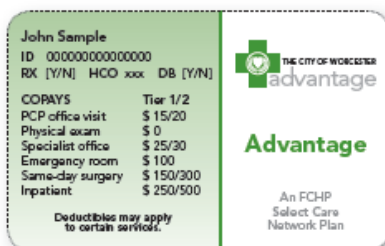
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### The City of Worcester Advantage Direct Plan

- Members choose a PCP from The City of Worcester Advantage Direct network, which is based on the FCHP Direct Care network.
- PCP referral is required for in-network specialty care. Out-of-network specialty care requires prior authorization.

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### The City of Worcester Advantage Advantage Plan

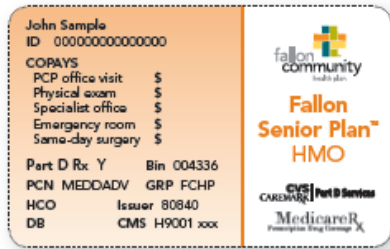
- Members choose a PCP from The City of Worcester Advantage network, a tiered network based on the FCHP Select Care network.
- PCP referral is required for in-network specialty care. Out-of-network specialty care requires prior authorization.
- Providers are categorized into 2 tiers. Copayments vary by tier.

■ , ● , ▲

■ = For all office and facility-based services identified in the FCHP *Provider Manual*, the PCP or specialist must obtain prior plan authorization, and the facility must provide notification to FCHP.

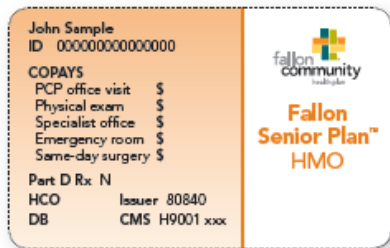
● = \$0 copayment for routine physical exams. ▲ = Copayments, coinsurance and deductibles may apply.

## MEMBERSHIP CARDS



### Fallon Senior Plan™ HMO-MAPD

- For individual consumers who are Medicare-eligible.
- Includes Medicare Part D prescription drug coverage (MAPD).
- Members choose a PCP from the Fallon Senior Plan (HMO) network.
- PCP referral is required for in-network specialty care. Out-of-network specialty care requires prior authorization.



### Fallon Senior Plan™ HMO-MA-only

- For individual consumers who are Medicare-eligible.
- Excludes Medicare Part D prescription drug coverage (MA-only).
- Members choose a PCP from the Fallon Senior Plan (HMO) network.
- PCP referral is required for in-network specialty care. Out-of-network specialty care requires prior authorization.



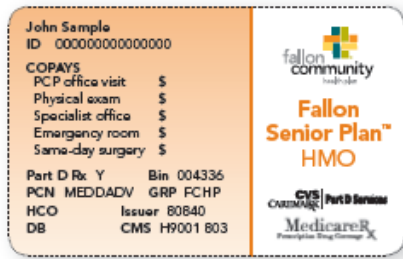
### Fallon Senior Plan™ Medicare Supplement

- For individual consumers who are Medicare-eligible.
- Excludes Medicare Part D prescription coverage.
- Members are not required to choose a PCP.
- Members may see any provider they choose who accepts Medicare.
- Referrals and prior plan authorizations are not required.



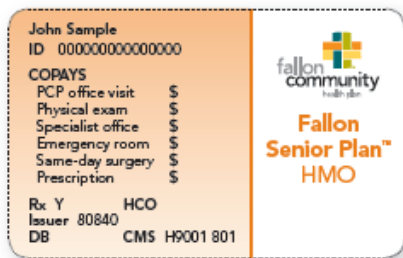
■ = For all office and facility-based services identified in the *FCHP Provider Manual*, the PCP or specialist must obtain prior plan authorization, and the facility must provide notification to FCHP.

## MEMBERSHIP CARDS



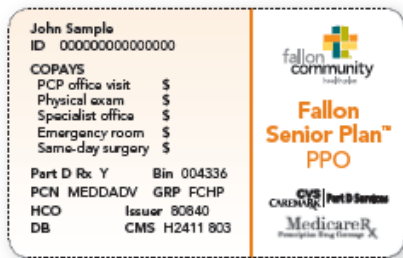
### Fallon Senior Plan™ Premier HMO-MAPD

- For Medicare-eligibles with retiree coverage through an employer group.
- Includes Medicare Part D prescription drug coverage (MAPD).
- Members choose a PCP from the Fallon Senior Plan (HMO) network.
- PCP referral is required for in-network specialty care. Out-of-network specialty care requires prior authorization.



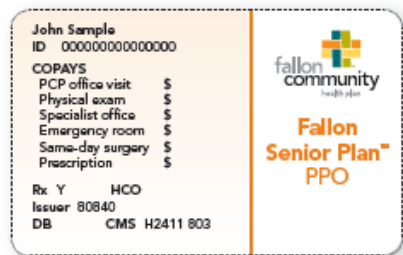
### Fallon Senior Plan™ Premier HMO-RDS

- For Medicare-eligibles with retiree coverage through an employer group.
- Includes retiree drug subsidy (RDS) coverage.
- Members choose a PCP from the Fallon Senior Plan (HMO) network.
- PCP referral is required for in-network specialty care. Out-of-network specialty care requires prior authorization.



### Fallon Senior Plan™ Premier Preferred PPO-MAPD

- For Medicare-eligibles with retiree coverage through an employer group.
- Includes Medicare Part D prescription drug coverage (MAPD).
- \$0 copayment for routine physical exams in-network.
- Offers in-network and out-of-network benefit levels.
- Referrals are not required.



### Fallon Senior Plan™ Premier Preferred PPO-RDS

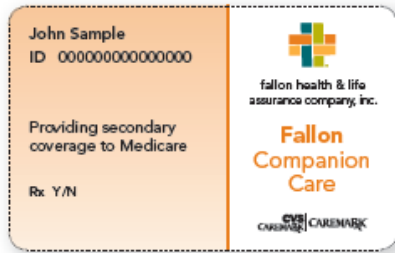
- For Medicare-eligibles with retiree coverage through an employer group.
- Includes retiree drug subsidy (RDS) coverage.
- \$0 copayment for routine physical exams in-network.
- Offers in-network and out-of-network benefit levels.
- Referrals are not required.



■ = For all office and facility-based services identified in the FCHP *Provider Manual*, the PCP or specialist must obtain prior plan authorization, and the facility must provide notification to FCHP.

● = \$0 copayment for routine physical exams. ▲ = Copayments, coinsurance and deductibles may apply.

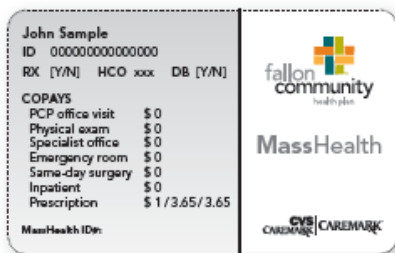
## MEMBERSHIP CARDS



### Fallon Companion Care

- For Medicare-eligibles with retiree coverage through an employer.
- Members are not required to choose a PCP.
- Members may see any provider they choose who accepts Medicare.
- Referrals and prior plan authorizations are not required.

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### MassHealth

- Members choose a PCP from the FCHP MassHealth network.
- PCP referral is required for in-network specialty care. Out-of-network specialty care requires prior authorization.
- Members are not eligible for Peace of Mind Program™, It Fits! or infertility treatment.

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### FCHP Flex Care Select

- Members choose a PCP from the FCHP Select Care network.
- \$0 copayment for routine physical exams in-network.
- PCP referral is required for in-network specialty care. Out-of-network specialty care requires prior authorization.
- Members may self-refer (no PCP referral required) to out-of-network providers at a reduced benefit level.

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■ = For all office and facility-based services identified in the FCHP *Provider Manual*, the PCP or specialist must obtain prior plan authorization, and the facility must provide notification to FCHP.

● = \$0 copayment for routine physical exams. ▲ = Copayments, coinsurance and deductibles may apply.

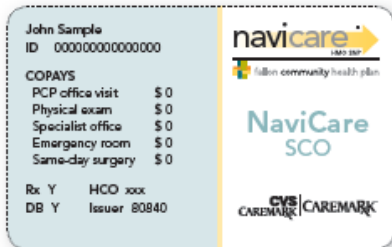
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## MEMBERSHIP CARDS



### NaviCare® HMO SNP

- For Medicare and Medicaid (MassHealth Standard) eligibles.
- Includes all Medicare Parts A, B and D (Rx) benefits as well as Medicaid (MassHealth Standard) benefits.
- Members choose a PCP from the NaviCare SNP network.
- PCP referral is required for in-network specialty care. Out-of-network specialty care requires prior authorization.
- No copayments, no coinsurance and no premium.
- Includes a Navigator who serves as the primary contact and guide for NaviCare enrollees. The Navigator ensures ongoing service provision and care coordination, consistent with the member's care plan.
- **Navigator contact number:**  
1-877-700-6996 (TTY users: 1-877-795-6526).



### NaviCare® SCO

- For Medicaid (MassHealth Standard) eligibles. (May have Medicare, but not required.)
- Includes all Medicare Parts A, B and D (Rx) benefits as well as Medicaid (MassHealth Standard) benefits.
- Members choose a PCP from the NaviCare network.
- PCP referral is required for in-network specialty care. Out-of-network specialty care requires prior authorization.
- No copayments, no coinsurance and no premium.
- Includes a Navigator who serves as the primary contact and guide for NaviCare enrollees. The Navigator ensures ongoing service provision and care coordination, consistent with the member's care plan.
- **Navigator contact number:**  
1-877-700-6996 (TTY users: 1-877-795-6526)

■ = For all office and facility-based services identified in the FCHP *Provider Manual*, the PCP or specialist must obtain prior plan authorization, and the facility must provide notification to FCHP.

● = \$0 copayment for routine physical exams. ▲ = Copayments, coinsurance and deductibles may apply.

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## GENERAL EXCLUSIONS

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### GENERAL EXCLUSIONS \*

- Services or supplies that are not described as covered in the *Member Handbook/Evidence of Coverage* (FCHP Direct Care, FCHP Select Care, Fallon Preferred Care or Fallon Senior Plan™) For MassHealth members, please refer to the MassHealth Member Handbook for the list of excluded services.
- Any experimental procedure or service that is not generally accepted medical practice (This does not include the off-label uses of covered drugs used in the treatment of HIV/AIDS or cancer; nor to bone marrow transplants for breast cancer as required by state law). This is determined by a plan medical director.
- Services or supplies that are not medically necessary for the prevention, detection or treatment of an illness, injury or disease as determined by a plan physician and the plan. Examples include but are not limited to ear plugs to prevent fluid from entering the ear canal during water activities, and air ambulance/transportation when the patient's medical condition does not warrant that he/she be transported to another facility.
- Exams or treatment required by a third party unless medically necessary. Examples are pre-employment or school physicals, premarital medical tests, court-ordered treatment, or immunizations required due to member's job or work conditions.
- Paternity testing
- Hearing aids and the evaluation for a hearing aid\*
- Nonprescription drugs; except as required by state law or Medicare (e.g., blood glucose test strips) (MassHealth members may obtain test strips OTC with a prescription)
- Vitamins, whether or not a prescription is required\*
- Cosmetic surgery
- Services related to a termination of pregnancy that is not medically necessary\*
- Inpatient dental care (except for inpatient hospital services required when the member has a non-dental medical condition that requires you to be an inpatient when the member receives dental services)
- Care that we determine is custodial, which is non-medical care furnished mainly to assist a person in the activities of daily living
- Any services furnished by any provider not having a license or approval, under applicable state law, to furnish that type of service

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## GENERAL EXCLUSIONS

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- Routine care (e.g., lab tests) provided outside the plan service area and/or by a provider not authorized or affiliated with the plan

*\* Benefits may vary by employer and plan.*

### Out-of-area student exclusions

- Routine physicals, gynecological exams, vision screening or hearing screening
- Maternity care or delivery
- Outpatient surgical procedures that could be delayed until return to the plan service area
- Durable medical equipment or prosthetic devices, maintenance or replacement
- Dental care
- Second opinions
- Home health care
- Prescription drugs
- Routine preventive care
- Chiropractic care services

For a more complete description of exclusions, refer to the *Member Handbook/Evidence of Coverage* (FCHP Direct Care, FCHP Select Care, Fallon Preferred Care or Fallon Senior Plan™), or call Provider Relations at 1-866-ASK-FCHP. For MassHealth members, please refer to the covered services lists for the list of excluded services.

FCHP members, with the exception of MassHealth members, are required to make copayments for specified ambulatory and emergency services provided by a physician or other medical professional or supplier. Where copayments apply, the FCHP reimbursement to the provider will be reduced by the copayment.

Copayments should be collected from the member at the time of service. The copayments listed here are standard for most FCHP members. Some groups have exceptions, which may include varying levels of benefits and deductibles.