

# Connection

November 2012

**Important information for Fallon Community Health Plan physicians and providers**

## What's new

### **New Care Compass program from FCHP**

Fallon Community Health Plan's Complex Case Management Department is pleased to announce the creation of a clinical program that borrows from the experience of our NaviCare® product. This new program, called Care Compass, is designed to reduce inappropriate use of the most expensive levels of care through proactive intervention and management.

Care Compass targets the Medicare Advantage population, focusing on members who have significant risk scores. The program officially began on October 1, 2012, with an initial focus on three HCO groups associated with physicians serving Heywood Hospital, Harrington Hospital and UMass Memorial Health Care. In 2013, the program will be scaled to serve all HCO groups, with the exception of Accountable Care Associates (ACA).

#### **What is Care Compass?**

Care Compass provides a "concierge" service to the Medicare Advantage population. Members are assigned to a primary care team that is comprised of a nurse case manager, care guide, social worker and program support coordinator who collaborate with the member's primary care physician (PCP).

*In this issue—*

**2013 Fallon Senior Plan updates:**  
*(new service area and network!)*

- HMO individual
- Medicare Supplement

Members with the most significant risk scores are offered home visits to better assess their needs and develop a plan of care that will support the highest level of independence in their home setting.

#### **Introducing Care Compass Navigators**

Care Compass seeks to engage the Medicare Advantage member at a higher level through the creation of a "Care Compass Navigator" role. This person provides the members with a single, central point of contact. The Care Compass Navigator triages member inquiries and either assists the member directly or directs the member to the appropriate resource. The Navigator also supports the work of other team members, taking responsibility for the coordination of care that does not require the intervention of a licensed clinician.

#### **Outreach to PCPs**

We expect that the combination of in-person contact and regular follow-up will lead to a higher rate of patient engagement. Regular outreach to the member's primary care physician keeps him/her informed of the patient's progress and allows the PCP to provide direction to the patient's primary care team. As the rate of patient engagement rises, the PCP is in a better position to intervene on behalf of the member to avoid medical complications and resulting inpatient admissions.

Initial outreach to medical practices regarding the Care Compass program began in September, with additional practices being engaged throughout the fall. For more information, please contact the FCHP Complex Case Management Department at 1-800-333-2535, ext. 78002. ■

## Women's preventive services – contraceptive products

Last August, the U.S. Department of Health and Human Services adopted additional guidelines for women's preventive services for non-grandfathered individual and group health plans. These guidelines became effective for plan years on or after August 1, 2012. Contraceptive methods are one of the additional women's preventive services now covered without cost-sharing requirements.

### FCHP now offers the following contraceptive coverage:

- **Generic Rx** contraceptive products will have a \$0 cost share.
- **Brand-name Rx** contraceptive products, **for which there is a generic available**, will continue to require cost share. In most instances, this will be a Tier-3 copay.
- **Brand-name Rx** contraceptive products **without a generic available and FDA-approved for contraception only** will require step therapy of a generic product. For this type of product to be available for \$0 cost share, the provider must give documentation that a generic product can't be used.
- **Brand name Rx** contraceptive products **without a generic available and FDA-approved for contraception and other indication(s)** will require prior authorization. In order for these products to be available for \$0 cost share, there must be documentation that the product is being used for the contraceptive indication and a generic product can't be used.

Existing members who aren't currently receiving a generic product will be notified of these changes and told what their options are. They will be encouraged to contact FCHP Customer Service with questions, and directed to the provider as appropriate.

Please refer to *Connection* online for a complete listing of Rx contraceptives and formulary status.

*These changes apply for new members immediately and for current members at anniversary renewal dates on or after August 1, 2012. These guidelines do not apply to FCHP MassHealth or Commonwealth Care Plan Type 1 members.* ■

## Let's connect

### More choices for Remicade home infusion therapy

Fallon Community Health Plan introduced its Home Infusion Program in 2011 for two medications: (1) Immunoglobulin by Coram and (2) Remicade® by Home Solutions. We recently expanded the Home Infusion Program to include Coram (see [coramhc.com](http://coramhc.com)) to the list of providers of Remicade home infusion therapy.

Coram's *Therapy Management* program is designed to enhance the level of service and safety to FCHP members receiving Remicade therapy. It also improves their continuity of care and moderates the cost of medication and treatment. In addition, the program provides added home care and support for you and your staff through a single resource to meet your patients' needs.

Through the Coram *Therapy Management* program, a patient's plan of care is enhanced by a broad range of support services, including:

- Direct shipment of Remicade to the patient's home
- Coordination of qualified infusion nursing for home or alternate site administration
- Provision of pre-medications and anaphylaxis kits as ordered
- Provision of medically necessary pumps and supplies
- Consistent product availability for your patients, due to direct manufacturer contracts
- 24-hour emergency service and clinical support

We are pleased to be able to offer this level of service to our members. If you have any questions about the *Therapy Management* program, please contact Coram directly at 1-800-678-3442. ■

### SMS assumes responsibility for all of sleep management program

Effective January 1, 2013, our sleep vendor, Sleep Management Solutions (SMS), will be assuming sole responsibility for all components

of the sleep program—including prior authorization, network management and claims payment for sleep services.\*

During the past three years, SMS has contracted with CareCore National to provide prior authorization services for the FCHP program. As of January 1, SMS will directly manage the prior authorization process for all services. Additionally, FCHP will be delegating our sleep diagnostic network and our sleep therapy network to SMS. This means that SMS will be re-contracting with providers to provide services on behalf of FCHP.

**Effective December 15, 2012, to request a service:**

By phone—call the SMS Utilization Management Department at 1-866-827-2469.  
By fax—call 1-866-536-3618.

As with the current program, the preferred method for submitting any request is the sleep portal. Please go to [sleepsms.com](http://sleepsms.com). If you have any questions, please contact Tom Gaffney, President, Sleep Management Solutions, at 1-888-497-5337, ext. 181111. ■

*\* The following FCHP products are excluded from the sleep studies and therapy program: The Employee Advantage, Fallon Companion Care, Fallon Senior Plan™ Medicare Supplement, MassHealth, NaviCare® and Summit ElderCare®.*

## Product spotlight

### **Fallon Senior Plan network expands to include most of Massachusetts**

Fallon Community Health Plan is expanding its Fallon Senior Plan™ HMO network and service area in Massachusetts! The new network and service area includes all of Barnstable, Bristol, Essex, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, and Worcester Counties and parts of Franklin County. In addition, bordering cities and towns in New Hampshire, Connecticut and Rhode Island will continue to be included for the Fallon Senior Plan HMO employer group market.

NaviCare is also expanding to the same counties.

Effective January 1, 2013, members enrolled in Fallon Senior Plan's Medicare Advantage HMO plans will have access to a significant number of high quality providers in the expansion areas.

We will offer our four most popular HMO plan designs across the entire service area and continue to offer all seven plans in Worcester County and part of Franklin County. Premiums will vary by county. All premium, cost sharing and benefit changes listed in the Fallon Senior Plan 2013 update in this issue of *Connection* are applicable.

FCHP is committed to making our communities healthy by providing quality, affordable health care products to a broad population, and this service area expansion is one way in which we are achieving that mission.

**Please see our 2013 update in this issue.**

For additional information, call our Provider Relations Department at 1-866-ASK-FCHP, option 4. ■

## Doing business with FCHP

### **Reminder - PPO authorization management**

To ensure the quality and affordability of our health care services, FCHP continually conducts medical management, a process of reviewing the use of covered benefits to determine medical necessity and appropriateness of care. Part of this process is prior authorization review.

We are reminding our Fallon Preferred Care (PPO) and Fallon Senior Plan Premier Preferred (PPO) members that certain services (e.g., inpatient admissions and outpatient surgery) require prior authorization—whether or not they are obtained from providers who are in our network.

(continued)

It is the Fallon Preferred Care PPO member's responsibility to ensure that services are authorized in advance by calling the appropriate medical management office at least five days before receiving the service. **If services are being rendered by an in-network provider and a prior authorization has not been obtained, then the in-network provider will be liable for the cost of services received.**

For Fallon Senior Plan Premier Preferred PPO members, it is the **provider's responsibility** to obtain prior authorization. However, we do strongly recommend that the member ensures that the provider requests the authorization. **If the services are not reviewed and approved, then the provider will be liable for the cost of the services received.**

Also, if FCHP determines that **care received without prior authorization was not a covered benefit or did not meet medical necessity criteria**, we will deny the claim. Both Fallon Preferred Care and Fallon Senior Plan Premier Preferred PPO members will be responsible for paying the provider out-of-pocket for the care received.

As we re-emphasize our standard medical management policy, we are encouraging our members to review their *Member Handbook/Evidence of Coverage* for additional details. ■

### Submitting claims as a covering provider

A "covering provider" is one who sees a member when the provider whom the member was scheduled to see in the office was not available on the day of the visit.

When submitting claims to FCHP as a covering provider, you must identify yourself as a covering provider on the CMS 1500 form. The words "covering provider" and the name of the provider you covered for should be typed or written in box 17. Covering provider claims cannot be accepted electronically; please submit paper claims. ■

## Emerging medicine

### FCHP concludes certain new approaches are not covered benefits

*FCHP does not approve any new clinical test or procedure for coverage without first conducting a careful review. We want to be sure there is adequate research and experience to develop clear clinical criteria and ensure that our members get benefits that are proven to be necessary and safe.*

**Effective August 28, 2012, the following tests and procedures are not covered by FCHP** because we consider them to be experimental/investigational and not medically necessary.

#### ■ Affirma® Gene Expression Classifier (Veracyte, Inc.)

The current recommendations for the diagnosis and management of cytologically indeterminate thyroid nodules are published by the American Association of Clinical Endocrinologists.\*

At this time, there is no specific CPT or HCPCS code for Affirma Gene Expression Classifier. CPT 84999 (unlisted chemistry procedure) has been proposed.

\* Gharib H, Papini E, Paschke R, et al. American Association of Clinical Endocrinologists, Associazione Medici Endocrinologi, and European Thyroid Association Medical Guidelines for Clinical Practice for the Diagnosis and Management of Thyroid Nodules. *Endocr Pract* 2010;16:1-43.

#### ■ Solesta® (Oceana Therapeutics, Inc.)

At this time, there is no specific CPT or HCPCS code for Solesta.

Solesta is FDA-approved for the treatment of fecal incontinence in patients 18 years of age and older who have failed conservative therapy (e.g., diet, fiber therapy, anti-motility medications). Clinical data supporting the safety and effectiveness of Solesta is available from three clinical studies. (Go to [accessdata.fda.gov/scripts/cdrh/cfdocs/cftopic/pma/pma.cfm?num=p100014](http://accessdata.fda.gov/scripts/cdrh/cfdocs/cftopic/pma/pma.cfm?num=p100014), click on "Summary.") (Accessed July 25, 2012.)

Current evidence indicates that Solesta is effective for approximately 50% of patients with fecal incontinence. However, available clinical trial data are not sufficient to predict in whom Solesta treatment will be effective. Furthermore, the long-term safety and durability of Solesta isn't known (studies show durability of treatment effects to 12 months).

As a condition of approval, Oceana Therapeutics has been ordered to submit annual reports of the number of devices sold so that the FDA can ascertain the frequency and prevalence of adverse events. Also, Oceana Therapeutics must conduct a multicenter observational study of the long-term safety and durability of Solesta through 36 months post-treatment. ■

## MassHealth updates

### **Updated Federally Required Disclosures form for MassHealth providers**

The Federally Required Disclosures (FRD) form was revised by MassHealth in July 2012. Fallon Community Health Plan, as a participating MassHealth Managed Care Organization, is required to disclose information obtained from participating providers regarding business ownership and control, business transactions and criminal convictions—using the MassHealth FRD form.

The FRD form is required for new provider contracts, when there is a change in ownership or control, provider re-contracting, and at the time of provider credentialing and re-credentialing. Please go to [fchp.org/providers/medical-management/forms.aspx](http://fchp.org/providers/medical-management/forms.aspx) to review and complete the new version if applicable to one of the requirements above. ■

### **State WIC program now using WHO growth standards**

The Massachusetts WIC Nutrition Program is pleased to announce that, as of October 1, its nutrition staff began using the most current, 2006 World Health Organization (WHO) growth curves to assess growth patterns and determine nutritional risk among children under the age of two.

This change in practice is based upon recommendations from the Centers for Disease Control and Prevention (CDC) and is in response to a nationwide U.S. Department of Agriculture policy change. Although many pediatric providers are likely to already be using these grids, there may be some who continue to assess growth for children 0–24 months based on the 2000 CDC grids.

In an effort to ensure that families receive consistent messages about growth status, WIC is eager to work with members of the Massachusetts Chapter of the American Academy of Pediatrics to smoothly implement the transition to the WHO growth charts.

Local WIC nutrition staff will be reaching out to community providers this fall to further discuss this change. For more information, providers also may contact Rachel Colchamiro, Director for Nutrition Services, at 1-617-624-6153 or [rachel.colchamiro@state.ma.us](mailto:rachel.colchamiro@state.ma.us). For access to the WHO charts and to read the CDC's recommendations regarding their use, please visit [cdc.gov/growthcharts](http://cdc.gov/growthcharts). ■

## Billing bytes

### **Billing for the seasonal flu vaccine – code update**

In the September *Connection*, Code 90654 was inadvertently left out as an acceptable code to use when billing for the seasonal flu vaccine. We apologize for this error. ■




# ● Payment policy updates

## Payment policies this issue

Revised policies – effective January 1, 2013

The following policies have been updated; details about the changes are indicated on the policies. Go to [fchp.org/providers/medical-management/payment-policies.aspx](http://fchp.org/providers/medical-management/payment-policies.aspx).

- **Clinical Trials Payment Policy:** Updated the discussion of documentation needed to reimburse Fallon Senior Plan members.
- **Home Health Payment Policy:** Updated the discussion to include services that require prior authorization.
- **Inpatient Medical and Payment Policy:** Updated the reimbursement and billing/coding guidelines section.
- **Vaccine Payment Policy:** Updated discussion about reimbursement for flu vaccine. 

# ● Script alert

## Formulary updates

Fallon Community Health Plan often makes changes to its formularies, including changing prior authorization requirements and adding new medications. The latest changes to our Medicare Part D formulary are listed below.

### Medicare Part D formulary

#### Additions

Product description	Tier	QL
Androderm 2MG/24HR PT24	3	30 per 30 days
Androderm 4MG/24HR PT24	3	30 per 30 days
Combivent Respimat 100MCG/ACT;20MCG/ACT AERS	3	
Abacavir 300MG TABS	1	
Nevirapine 200MG TABS	1	
Amphetamine/Dextroamphetamine 1.25MG CP24	1	30 per 30 days
Amphetamine/Dextroamphetamine 2.5MG CP24	1	30 per 30 days
Amphetamine/Dextroamphetamine 3.75MG CP24	1	30 per 30 days
Amphetamine/Dextroamphetamine 5MG; 5MG CP24	1	30 per 30 days
Amphetamine/Dextroamphetamine 6.25MG CP24	1	30 per 30 days
Amphetamine/Dextroamphetamine 7.5MG CP24	1	30 per 30 days
Olanzapine/Fluoxetine 25MG; 6MG CAPS	1	
Olanzapine/Fluoxetine E 50MG; 6MG CAPS	1	
Olanzapine/Fluoxetine 25MG; 12MG CAPS	1	
Olanzapine/Fluoxetine 50MG; 12MG CAPS	1	
Clopidogrel 75MG TABS	1	
Clopidogrel 300MG TABS	1	
Calcipotriene 0.005% OINT ■	1	

# ● Coding corner

## Correction: MS-DRG version

In the September *Connection*, the MS-DRG was inadvertently indicated as Version 29. It is actually Version 30, which was effective October 1, 2012. We apologize for the error. ■

## DME codes no longer needing prior authorization

As part of our annual review of durable medical equipment that requires plan prior authorization, we removed prior authorization from 235 codes, **effective September 1, 2012**. The list of codes appeared online in the September *Connection* – Supplemental articles. Also, the list in the *Provider Manual* has been updated to reflect this change. (See [fchp.org/providers/provider-manual.aspx](http://fchp.org/providers/provider-manual.aspx), “Managing patient care” section, page 33.) ■

## Home spirometry claims will deny vendor liable

Home monitoring of pulmonary function by means of a spirometer (HCPCS code E0487) has been primarily investigated for use by lung transplant recipients as a way to provide early diagnosis of infection and rejection. More recently, home spirometry has been studied as a means of monitoring lung function in asthmatics.

There is inadequate evidence that home spirometry will improve the health outcomes of lung transplant recipients, asthmatics or patients with chronic obstructive pulmonary disease or other pulmonary disorders. Fallon Community Health Plan considers home spirometry experimental/investigational and, therefore, not medically necessary.

**Effective January 1, 2013**, claims for a home spirometer (E0487) submitted to FCHP by participating providers *will deny vendor liable*. ■

## Code updates

**Effective January 1, 2013**, the following codes *will require plan prior authorization*.

0073T	Compensator-based beam modulation treatment delivery of inverse planned treatment using 3 or more high resolution (milled or cast) compensator convergent beam modulated fields, per treatment session
77301	Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications
77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source Cobalt 60 based
77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions
77418	Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic MLC, per treatment session
77432	Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of 1 session)
77435	Stereotactic body radiation therapy, treatment management, per treatment course, to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions
77520	Proton treatment delivery; simple, without compensation
77522	Proton treatment delivery; simple, with compensation
77523	Proton treatment delivery; intermediate
77525	Proton treatment delivery; complex
G0173	Linear accelerator based stereotactic radiosurgery, complete course of therapy in one session
G0251	Linear accelerator based stereotactic radiosurgery, delivery including collimator changes and custom plugging, fractionated treatment, all lesions, per session, maximum 5 sessions per course of treatment
G0339	Image guided robotic linear accelerator-based stereotactic radiosurgery, complete course of therapy in one session, or first session of fractionated treatment
G0340	Image guided robotic linear accelerator-based stereotactic radiosurgery, delivery including collimator changes and custom plugging, fractionated treatment, all lesions, per session, second through fifth sessions, maximum 5 sessions per course of treatment ■

## 2013 Fallon Senior Plan HMO individual plans update

### Overview

On October 1, Fallon Community Health Plan (FCHP) began to market its Fallon Senior Plan (FSP) offerings for 2013. Again this year, Medicare's Annual Election Period is between October 15 and December 7. This includes joining our Medicare Advantage plans, or changing current health care coverage for a January 1 effective date. After January 1, members will be locked into their Medicare Advantage plan for 2013—unless (1) they have a special election period available to them or (2) they disenroll between January 1 and February 14, and go back to Original Medicare as their medical coverage.

FCHP continues to make a significant effort to keep costs down because we feel it's important to keep affordable FSP options with comprehensive benefits for Medicare beneficiaries. FCHP will continue to offer a great selection of plans with premiums ranging from \$0 and up without significant changes to benefits. In 2013, FCHP's NaviCare plan will also continue to be offered with the same rich benefits it currently has and without a premium.

Our FSP HMO plans offer different cost-sharing for services such as inpatient hospital care, a doctor's office visit or prescription drugs. We will continue to cover all Medicare-covered preventive services at zero cost-sharing, including a supplemental annual physical exam. Additionally, our members will continue to benefit from rich prescription drug coverage. A table showing the majority of our FSP benefits is on the following pages, with changes for 2013 noted in the orange color.

Members in our HMO plans must use doctors, specialists and hospitals in a defined network. FCHP is expanding the HMO service area to include almost the entire Commonwealth of Massachusetts. FCHP is thrilled to partner with our new providers for our Medicare Advantage products and also appreciate and value all current partnerships. See our network expansion article on page 3 for details.

Medicare beneficiaries, and individuals soon to be Medicare-eligible, who choose our Medicare Advantage plans will receive more benefits than traditional Medicare, including our enhanced vision care benefit, worldwide emergency care, health and wellness education, enhanced disease management, dental care (available on most plans), the SilverSneakers® Fitness Program or Silver Sneakers Steps and Weight Watchers®.

*SilverSneakers® is a registered trademark of Healthways.*

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

### 2013 plan changes

#### New routine hearing exam for all plans

- \$0 copayment for one routine hearing exam every year. This is in addition to the current diagnostic hearing exam coverage.

#### Dental benefit offerings for most plans

- Our preventive and comprehensive dental benefit will be expanded to FSP Saver HMO, FSP Saver Rx HMO and FSP Saver Enhanced Rx HMO. The only plan without preventive dental is FSP Super Saver Rx HMO.

#### Plan renewal for Worcester and Franklin County

- No significant premium, benefit or provider network changes.

#### Plan consolidation in Hampden County only

- FSP Saver Rx HMO membership will be consolidated into FSP Saver Enhanced Rx HMO, a plan with richer Rx benefits and a reduced premium.
- FSP Standard Enhanced Rx HMO membership will be consolidated into FSP Plus Enhanced Rx HMO, a plan with richer medical benefit and a similar premium.
- FSP Standard HMO membership will be consolidated into FSP Saver HMO, a plan with similar medical benefits (including dental) and a premium that is significantly lower.



## Plan termination and addition in Middlesex, Norfolk and Hampshire counties

- All current plans in Middlesex, Norfolk and Hampshire partial counties were terminated due to our service area expansion to full counties because we wanted to offer all residents in a county plans with the same premiums. Current members residing in these areas received a letter with information about their 2013 FSP plan options. If they choose, and we hope they do, they will be able to enroll in one of our four most popular HMO plans available in their area—all are very similar to their 2012 plan and have significantly lower premiums.

## New plans in Eastern Massachusetts

- We will be offering our four most popular plans in our Eastern Massachusetts expansion. Premiums will vary by county and are expected to be very competitive.

## Outreach to your patients

In September 2012, FSP HMO members received their *Annual Notice of Change and Evidence of Coverage*, which gave a detailed explanation of the changes in their 2013 benefits, cost sharing and premiums. Some of your patients may have received a letter explaining the change related to the service area expansion. (See the bullet above “Plan termination and addition in Middlesex, Norfolk and Hampshire counties.”) FCHP is holding member meetings throughout our service area, where members can come to speak directly with an FSP representative. You can find a list of scheduled meetings at [fchp.org/seniorplan](http://fchp.org/seniorplan).

## If your patients have questions

FCHP will be happy to help your patients understand their options for 2013. Please refer them to Fallon Senior Plan at 1-800-325-5669. (TTY users should call TRS Relay 711.) We’re available Monday through Friday from 8 a.m. to 8 p.m. (From October 1 to February 14, we’re available seven days a week.) For patients who are members of FSP through their own or their spouse’s current/former employer, they should contact their benefits administrator to find out their 2013 plan coverage and benefits.

## Formulary notes

In 2013, FCHP will continue to have separate formularies for commercial and Medicare Advantage members. Go to our Web site, [fchp.org/providers/pharmacy/online-drug-formulary.aspx](http://fchp.org/providers/pharmacy/online-drug-formulary.aspx), and then choose the name of the plan.

Please check the FCHP Web site for a complete list of the tiers and management tools associated with each medication. Also, note that formulary information for our FSP Retiree Group members also can be found on our Web site.

## 2013 Fallon Senior Plan Medicare Supplement update

FCHP will continue to offer a Medicare Supplement (Medigap) insurance option for individual consumers at very competitive premiums. Fallon Senior Plan’s two Medicare Supplement plans, “Core” and “1”, were introduced to the market two years ago. In addition to Medicare and state-defined benefits, FCHP will continue to provide a fitness benefit through Silver Sneakers®, a nurse hotline benefit through Nurse Connect, and a vision care benefit through EyeMed Vision Care®. ■

## 2013 Fallon Senior Plan medical benefits overview (orange = 2013 changes or additions)

[These charts give only a brief summary of our Fallon Senior Plan benefits. Please refer to the *Evidence of Coverage* for complete benefit details.]

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>Service area</b>	State of Massachusetts except for Berkshire, Dukes, Nantucket counties and portions of Franklin County	<b>FSP Saver HMO and FSP Saver Enhanced Rx HMO:</b> State of Massachusetts except for Berkshire, Dukes, Nantucket counties and portions of Franklin County <b>FSP Saver Rx HMO:</b> Worcester County and portions of Franklin County	Worcester County and portions of Franklin County	State of Massachusetts except for Berkshire, Dukes, Nantucket counties and portions of Franklin County
<b>Provider network</b>	Fallon Senior Plan HMO	Fallon Senior Plan HMO	Fallon Senior Plan HMO	Fallon Senior Plan HMO
<b>Deductible (if applicable) and out-of-pocket maximum</b>	\$3,400 for Medicare-covered services	\$3,400 for Medicare-covered services	\$3,400 for Medicare-covered services	\$3,400 for Medicare-covered services
<b>Inpatient hospital and mental health care</b> (For mental health care, contact plan for details about benefits beyond 190 days.)	<b>\$355</b> a day for days 1-5 \$0 for substance abuse care Long-term care acute and inpatient rehab are covered up to 90 days	<b>\$575</b> for each stay Separate <b>\$1,725</b> out-of-pocket maximums for acute, rehabilitation and mental health stays \$0 for substance abuse care Long-term care acute and inpatient rehab are covered up to 90 days	\$400 for each stay Separate \$1,200 out-of-pocket maximums for acute, rehabilitation and mental health stays \$0 for substance abuse care Long-term care acute and inpatient rehab are covered up to 90 days	<b>\$175</b> for each stay Separate <b>\$350</b> out-of-pocket maximums for acute, rehabilitation and mental health stays \$0 for substance abuse care Long-term care acute and inpatient rehab are covered up to 90 days

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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>Skilled nursing facility care</b>	\$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
<b>Primary care office visits</b>	\$25	\$25	\$15	\$10
<b>Specialist visits</b>	\$40	<b>\$35</b>	\$25	\$15
<b>Chiropractic services</b>	\$20 No prior authorization required	\$20 No prior authorization required	\$20 No prior authorization required	\$10 No prior authorization required
<b>Podiatry</b>	\$40 for medically-necessary foot care visits <b>No prior authorization required</b>	<b>\$35</b> for medically-necessary foot care visits <b>No prior authorization required</b>	\$25 for medically-necessary foot care visits <b>No prior authorization required</b>	\$15 for medically-necessary foot care visits <b>No prior authorization required</b>
<b>Outpatient mental health care</b>	\$40 Prior authorization required after 8 visits for mental health, psychiatric or substance abuse services	<b>\$35</b> 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
<b>Outpatient substance abuse care</b>				
<b>Same-day surgery</b>	<b>\$330</b> for each same-day surgical procedures	<b>\$250</b> for each same-day surgical procedures	<b>\$150</b> for each same-day surgical procedures	<b>\$75</b> for each same-day surgical procedures
<b>Ambulance services</b>	<b>\$200</b>	<b>\$100</b> <b>\$400</b> out-of-pocket maximum	\$75 \$300 out-of-pocket maximum	\$50 \$200 out-of-pocket maximum

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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>Emergency care</b>	\$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
<b>Urgently needed care</b>	\$25	\$25	\$15	\$10
<b>Outpatient rehab services</b>	\$20	\$20	\$20	\$10
<b>Durable medical equipment Prosthetic devices</b>	20% of the cost \$0 for diabetes programs and supplies**	10% of the cost \$0 for diabetes programs and supplies**	10% of the cost \$0 for diabetes programs and supplies**	10% of the cost \$0 for diabetes programs and supplies**
<b>Diagnostic tests, X-rays and lab services</b> Note: Prior authorization and referral are required for diagnostic/therapeutic radiology	\$0 for clinical/diagnostic lab services and radiation therapy <b>\$175</b> for each CT, PET and MRI scans and nuclear study Prior authorization is required for certain services.	\$0 for clinical/diagnostic lab services and radiation therapy <b>\$150</b> for each CT, PET and MRI scans and nuclear study ( <b>\$600</b> out-of-pocket maximum) Prior authorization is required for certain services.	\$0 for clinical/diagnostic lab services and radiation therapy <b>\$125</b> for each CT, PET and MRI scans and nuclear study ( <b>\$500</b> out-of-pocket maximum) Prior authorization is required for certain services.	\$0 for clinical/diagnostic lab services and radiation therapy <b>\$100</b> for each CT, PET and MRI scans and nuclear study ( <b>\$400</b> out-of-pocket maximum) Prior authorization is required for certain services.

## 2013 Fallon Senior Plan medical benefits overview (orange = 2013 changes or additions)

[These charts give only a brief summary of our Fallon Senior Plan benefits. Please refer to the *Evidence of Coverage* for complete benefit details.]

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
Preventive services, wellness/education and other supplemental benefit programs	<p>\$0 for all preventive services covered under Original Medicare</p> <p><b>\$0 for an annual physical exam</b></p> <p>Copays may apply for the following supplemental education/wellness programs:</p> <ul style="list-style-type: none"><li>– Health education</li><li>– Nutrition education</li><li>– Additional smoking and tobacco-use-cessation visits</li><li>– Health club membership/fitness classes</li><li>– Nursing hotline</li></ul> <p>20% of the cost for additional supplemental benefits**</p> <p>\$0 for additional health/wellness programs***</p> <p>\$0 for enhanced disease management</p>	<p>\$0 for all preventive services covered under Original Medicare</p> <p><b>\$0 for an annual physical exam</b></p> <p>Copays may apply for the following supplemental education/wellness programs:</p> <ul style="list-style-type: none"><li>– Health education</li><li>– Nutrition education</li><li>– Additional smoking and tobacco-use-cessation visits</li><li>– Health club membership/fitness classes</li><li>– Nursing hotline</li></ul> <p>10% of the cost for additional supplemental benefits**</p> <p>\$0 for additional health/wellness programs***</p> <p>\$0 for enhanced disease management</p>	<p>\$0 for all preventive services covered under Original Medicare</p> <p><b>\$0 for an annual physical exam</b></p> <p>Copays may apply for the following supplemental education/wellness programs:</p> <ul style="list-style-type: none"><li>– Health education</li><li>– Nutrition education</li><li>– Additional smoking and tobacco-use-cessation visits</li><li>– Health club membership/fitness classes</li><li>– Nursing hotline</li></ul> <p>10% of the cost for additional supplemental benefits**</p> <p>\$0 for additional health/wellness programs***</p> <p>\$0 for enhanced disease management</p>	<p>\$0 for all preventive services covered under Original Medicare</p> <p><b>\$0 for an annual physical exam</b></p> <p>Copays may apply for the following supplemental education/wellness programs:</p> <ul style="list-style-type: none"><li>– Health education</li><li>– Nutrition education</li><li>– Additional smoking and tobacco-use-cessation visits</li><li>– Health club membership/fitness classes</li><li>– Nursing hotline</li></ul> <p>10% of the cost for additional supplemental benefits**</p> <p>\$0 for additional health/wellness programs***</p> <p>\$0 for enhanced disease management</p>
	Dental services	<p>\$40 for Medicare-covered services</p> <p>In general, preventive dental benefits (such as cleaning) not covered.</p>	<p><b>\$35</b> for Medicare-covered services</p> <p><b>\$25 for 2 oral exams a year that include cleaning, fluoride treatment and X-rays</b></p> <p><b>\$22 to \$990 for fillings, crowns, root canals, gum disease procedures, simple extractions and dentures</b></p>	<p>\$25 for Medicare-covered services</p> <p>\$25 for 2 oral exams a 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>



## 2013 Fallon Senior Plan medical benefits overview (orange = 2013 changes or additions)

[These charts give only a brief summary of our Fallon Senior Plan benefits. Please refer to the *Evidence of Coverage* for complete benefit details.]

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>Hearing services</b>	In general, routine hearing exams and hearing aids not covered. \$40 for diagnostic hearing exams <b>\$0 for one routine hearing exam every year</b>	In general, routine hearing exams and hearing aids not covered. <b>\$35</b> for diagnostic hearing exams <b>\$0 for one routine hearing exam every year</b>	In general, routine hearing exams and hearing aids not covered. \$25 for diagnostic hearing exams <b>\$0 for one routine hearing exam every year</b>	In general, routine hearing exams and hearing aids not covered. \$15 for diagnostic hearing exams <b>\$0 for one routine hearing exam every year</b>
<b>Vision services</b>	\$40 for exams to diagnose and treat diseases and conditions of the eye \$0 for glaucoma screening tests \$40 for one routine exam every year \$0 for up to one pair of glasses or contacts every year \$150 plan coverage limit for eyewear every year	\$35 for exams to diagnose and treat diseases and conditions of the eye \$0 for glaucoma screening tests <b>\$35</b> for one routine exam every year \$0 for up to one pair of glasses or contacts every year \$150 plan coverage limit for eyewear every year	\$25 for exams to diagnose and treat diseases and conditions of the eye \$0 for glaucoma screening tests \$25 for one routine exam every year \$0 for up to one pair of glasses or contacts every year \$150 plan coverage limit for eyewear every year	\$15 for exams to diagnose and treat diseases and conditions of the eye \$0 for glaucoma screening tests \$15 for one routine exam every year \$0 for up to one pair of glasses or contacts every year \$150 plan coverage limit for eyewear every year

\*Diabetes programs and supplies:

Coverage of blood glucose meters is limited to OneTouch® glucose meters, Ultra2 and UltraMini, manufactured by LifeScan. Fallon Senior Plan members can obtain a One Touch® glucose meter by calling LifeScan toll-free at 1-877-356-8480 (TTY: 711) or by going to the LifeScan Web site, [www.onetouch.orderpoints.com](http://www.onetouch.orderpoints.com). Members who have a severe visual impairment or who have impaired manual dexterity may require a blood glucose meter with adaptive features, such as an integrated voice synthesizer or integrated lancing device. Prior authorization is required for blood glucose meters with adaptive features.

\*\*Additional DME coverage by Fallon Senior Plan HMO includes:

- For members who suffer hair loss as a result of the treatment for any form of cancer or leukemia, wigs are covered with the following cost-sharing: Members are responsible for 10% (20% for 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.

\*\*\*Preventive services and wellness/education programs and other health/wellness programs:

- Annual physical exam: There is no copayment for one annual calendar-year preventative physical exam. This annual physical exam includes a comprehensive multisystem age- and gender-appropriate examination.
- Anti-coagulant testing: There is no copayment for a PCP or RN/NP visit when a member is only going for INR testing (anti-coagulant visit) or other covered lab services.
- Additional medical nutrition therapy: There is no copayment for additional hours of one-on-one medical nutritional therapy counseling provided by a registered dietitian or other nutrition professionals to all members.
- Additional Pap tests/pelvic exams: There is no copayment for an annual Pap test and pelvic exam for all women.
- Additional smoking cessation: FCHP's smoking cessation program includes unlimited counseling sessions, telephone-based coaching and community group support programs offered by certified tobacco treatment counselors from our smoking cessation program, Quit to Win. The first week of nicotine replacement therapy (NRT) is free and included with the counseling. After the initial week of free NRT, counseling includes the following discounted smoking cessation supplies:
  - One-week supply of nicotine transdermal patches (7 patches) is \$15
  - Supplemental nicotine gum is \$5 for 14 pieces and **\$15 for 50 pieces**

## 2013 Fallon Senior Plan prescription drug coverage overview (orange = 2013 changes or additions)

Benefit	FSP Saver HMO and FSP Standard HMO (no Part D)	FSP Super Saver Rx HMO FSP Saver Rx HMO	FSP Standard Enhanced Rx HMO FSP Saver Enhanced Rx HMO FSP Plus Enhanced Rx HMO
<b>Part B drugs</b>	For up to a 30-day supply: \$4 Tier 1 <b>\$27</b> Tier 2 \$50 Tier 3	For up to a 30-day supply: \$4 Tier 1 <b>\$32</b> Tier 2 \$50 Tier 3	For up to a 30-day supply: \$4 Tier 1 <b>\$27</b> Tier 2 \$50 Tier 3
<b>Non-Part D covered drugs</b>	NA	For up to a 30-day supply: \$4 Tier 1 <b>\$32</b> Tier 2 <b>\$76</b> Tier 3 25% of the cost for Tier 4	For up to a 30-day supply: \$4 Tier 1 <b>\$27</b> Tier 2 <b>\$76</b> Tier 3
<b>Part D deductible</b>	NA	<b>\$325</b>	NA
<b>Part D initial coverage period</b>	NA	<b>\$325 to \$2,970</b> For up to a 30-day supply: \$4 Tier 1 <b>\$32</b> Tier 2 <b>\$76</b> Tier 3 25% of the cost for Tier 4	<b>\$0 to \$2,970</b> For up to a 30-day supply: \$4 Tier 1 <b>\$27</b> Tier 2 <b>\$76</b> Tier 3
<b>Part D coverage gap</b>	NA	After the total yearly drug costs (paid by both member and Fallon Senior Plan) reach <b>\$2,970</b> , manufacturers who agreed to pay the discount will pay 50% of the negotiated rate for brand drugs, and generally members pay <b>47.5%</b> for brand drugs and <b>79%</b> of generic prescription drug costs.	After the total yearly drug costs (paid by both member and Fallon Senior Plan) reach <b>\$2,970</b> , manufacturers who agreed to pay the discount will pay 50% of the negotiated rate for brand drugs, and generally members pay <b>47.5%</b> for brand drugs and <b>79%</b> of generic prescription drug costs.
<b>Part D catastrophic coverage</b>	NA	After the yearly out-of-pocket drug costs reach <b>\$4,750</b> , they pay the greater of: <b>\$2.65</b> for generic or a preferred brand drug and <b>\$6.60</b> for all other drugs, or 5% coinsurance	After the yearly out-of-pocket drug costs reach <b>\$4,750</b> , they pay the greater of: <b>\$2.65</b> for generic or a preferred brand drug and <b>\$6.60</b> for all other drugs, or 5% coinsurance

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- Payment policy updates and links

*Connection* is a bimonthly publication for all FCHP ancillary and affiliated providers. The next copy deadline is **November 7** for our January 2013 issue.

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