

Fallon Community Health Plan, Inc.

COMMUNITY CARE AMENDMENTS

- **Amendment 9 (eff. 10/01/20)**
- **Amendment 8 (eff. 06/01/20)**
- **Amendment 7**
- **Amendment 6 (eff. 01/01/20)**
- **Amendment 5**
- **Amendment 4**
- **Amendment 3**
- **Amendment 2**
- **Amendment 1 (eff. 03/01/19)**

Fallon Community Health Plan, Inc.

AMENDMENT 9

This is part of your Community Care
Member Handbook/Evidence of Coverage
Form #18-670-028
Effective October 1, 2020

This amendment changes certain sections of your Community Care Member Handbook/Evidence of Coverage. Please read it carefully and keep it with your handbook. The information in this amendment replaces any information in your handbook, Schedule of Benefits or prior amendments that conflicts with it. If you have questions about this amendment, please contact the Customer Service Department at 1-800-868-5200 (TRS 711). Representatives are available Monday, Tuesday, Thursday and Friday from 8 a.m. to 6 p.m. and Wednesday from 10 a.m. to 6 p.m.

Your *Member Handbook/Evidence of Coverage* has been amended to include information on the following:

1. Prescription medication

The following changes apply to your *Member Handbook/Evidence of Coverage*:

Prescription medication

Under **Covered items** in the **Prescription Medication** section (Amendment 5), replace bullet 11 with the following:

- Preferred Blood Glucose Meters covered are limited to OneTouch[®] glucose meters and test strips manufactured by LifeScan. You can obtain a OneTouch[®] glucose meter at network pharmacies or by calling LifeScan at 1-877-356-8480, (TTY: 711), order code number 160FCH002 or by going to the LifeScan

website, www.onetouch.orderpoints.com and input order code 160FCH002. LifeScan test strip quantities over 5 per day and other brand meters and test strips require prior authorization. Continuous blood glucose monitors may be obtained at network durable medical equipment suppliers or pharmacies and require prior authorization.

Fallon Community Health Plan, Inc.

AMENDMENT 8

This is part of your Community Care
Member Handbook/Evidence of Coverage
Form #18-670-028
Effective June 1, 2020

This amendment changes certain sections of your Community Care *Member Handbook/Evidence of Coverage*. Please read it carefully and keep it with your handbook. The information in this amendment replaces any information in your handbook, Schedule of Benefits or prior amendments that conflicts with it. If you have questions about this amendment, please contact the Customer Service Department at 1-800-868-5200 (TRS 711). Representatives are available Monday, Tuesday, Thursday and Friday from 8 a.m. to 6 p.m. and Wednesday from 10 a.m. to 6 p.m.

Your *Member Handbook/Evidence of Coverage* has been amended to include information on the following:

1. Obtaining specialty care and services
2. Mental health and substance use services

The following changes apply to your *Member Handbook/Evidence of Coverage*:

Obtaining specialty care and services

Under **Prior authorization** in the **Obtaining specialty care and services** section, after bullets add the following:

*Prior authorization will not be required for inpatient behavioral health admissions after treatment in an emergency department.

Mental Health and substance use services

Under **Mental Health and substance use services** in the **Description of benefits** section, replace the second paragraph with the following:

For mental health emergencies, follow the same procedures as for any other medical emergency, as outlined in **Emergency and urgent care**. Prior authorization will not be required for behavioral health inpatient admission after treatment in an emergency department.

Under **Inpatient services** replace the first paragraph with the following:

The plan covers mental health services in an inpatient setting when authorized by the plan. To access services and obtain prior authorization, call 1-888-421-8861 (TDD/TTY: 1-781-994-7660). Prior authorization will not be required for inpatient behavioral health admissions after treatment in an emergency department.

Fallon Community Health Plan, Inc.

AMENDMENT 7

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Your *Member Handbook/Evidence of Coverage* has been amended to include information on the following:

1. Obtaining specialty care and services
2. Disenrollment rates
3. Mental health and substance use services
4. Preventive care

The following changes apply to your *Member Handbook/Evidence of Coverage*:

Obtaining specialty care and services

Effective April 1, 2020 the following change applies:

Under **Self-referral** in the **Obtaining specialty care and services** section (Amendment 3), replace bullet number five with the following:

- Outpatient mental health and substance use services with plan providers. For assistance in finding a network provider call: 1-888-421-8861 (TDD/TTY: 1-781-994-7660).

Under **Prior authorization** section remove the following:

- Outpatient counseling for mental health and substance use conditions beyond eight visits
- Intermediate and outpatient community-based mental health services for children and adolescents under the age of 19

Add the following:

- Intermediate community-based mental health services for children and adolescents under the age of 19

2019 Disenrollment rates

Under **Involuntary cancellation rate** in the **Leaving Fallon** section (Amendment 3), replace entire paragraph with the following:

For the calendar year 2019, Fallon's involuntary cancellation or disenrollment rate was 0.00%. The involuntary disenrollment rate includes any members disenrolled by the plan due to misrepresentation or fraud on the part of the member or commission of acts of verbal or physical abuse. For calendar year 2019, Fallon's voluntary disenrollment rate was 0.03%.

Mental Health and substance use services

Effective April 1, 2020 the following change applies:

Under **Outpatient services** in the **Mental Health and substance use services** section, replace the first paragraph with the following:

The plan covers services provided in person in an ambulatory care setting. Outpatient services may be provided in a licensed hospital, a mental health or substance use clinic licensed by the department of public health, a public community mental health center, or a professional office. Members may self-refer for outpatient mental health and substance use services.

For assistance in finding a plan provider, call 1-888-421-8861 (TDD/TTY: 1-781-994-7660). The plan covers medically necessary mental health and substance use services from a plan provider, in an outpatient setting, as follows:

Under **Covered services** replace number one with the following:

1. Outpatient office visits, including individual, group or family therapy.

Preventive care

The following change is effective immediately.

Under **Preventive care** in the **Description of Benefits** section, add the following under **Covered services**:

12. Tobacco counseling sessions with your primary physician or other provider designed to create a plan to stop smoking.

Fallon Community Health Plan, Inc.

AMENDMENT 6

This is part of your Community Care
Member Handbook/Evidence of Coverage
Form #18-670-028
Effective January 1, 2020

This amendment changes certain sections of your Community Care Member Handbook/Evidence of Coverage. Please read it carefully and keep it with your handbook. The information in this amendment replaces any information in your handbook, Schedule of Benefits or prior amendments that conflicts with it. If you have questions about this amendment, please contact the Customer Service Department at 1-800-868-5200 (TRS 711). Representatives are available Monday, Tuesday, Thursday and Friday from 8 a.m. to 6 p.m. and Wednesday from 10 a.m. to 6 p.m.

Your *Member Handbook/Evidence of Coverage* has been amended to include information on the following:

1. Prescription medication

The following changes apply to your *Member Handbook/Evidence of Coverage*:

Prescription medication

Under **Opioid Management Program** in the **Prescription medication** section, add the following:

Pain Management Alternatives to Opiate Products

If you are interested in pain management alternatives to opioid products, speak to your provider. Many non-opioid medications and treatments are available. These include, but are not limited to, those listed below.

Non-opiate medication treatment options:

- Ibuprofen
- Topical Lidocaine (Note: some lidocaine products require prior authorization)

See earlier in this section for further information about our prescription drug formulary and prior authorization requirements.

Non-medication treatment modalities:

- Chiropractic care. Your PCP will give you a prescription to a Community Care network chiropractor. Your coverage for these services may have a benefit limit. If it does, the Schedule of Benefits for your plan option describes the benefit limit that applies for these services. (See **Office visits and outpatient services** section for details.)
- Physical therapy services. (See **Rehabilitation and Habilitation services** section for details.)
- Behavioral health providers with pain management-related specialties, such as cognitive behavioral therapy, pain management and treatment of chronic pain. (See **Mental health and substance use services** section for details.) For assistance in finding a plan provider, call 1-888-421-8861 (TDD/TTY: 1-781-994-7660).

Additional medications and treatments are available which may also serve as pain management alternatives to opioid products. These include other medications, certain other types of therapies, treatment by certain types of non-behavioral health specialists, certain types of surgery, and certain types of injections.

Fallon Community Health Plan, Inc.

AMENDMENT 5

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Your *Member Handbook/Evidence of Coverage* has been amended to include information on the following:

1. Obtaining specialty care and services
2. The claims process
3. Prescription medication
4. General exclusions and limitations

The following changes apply to your *Member Handbook/Evidence of Coverage*:

Obtaining specialty care and services

Effective January 1, 2020 the following change applies:

Under **Prior authorization** in the **Obtaining specialty care and services** section, remove the following:

- 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.

Add the following under **Prior authorization**:

- Certain drugs covered under medical benefits, and that are ordered, supplied and administered by a plan provider.

The claims process

Effective November 1, 2019 the following change applies:

After **Claims questions/refunds** in the **The Claims process** section, add the following:

Claims for Pharmacy Services

Pharmacy reimbursement requests must be submitted within 1 year of date of service. Send claims to:

Write: CVS/Caremark
P.O. Box 52136
Phoenix, AZ 85072-2136

Submit through CVS/Caremark Portal:

<http://www.caremark.com/wps/portal>

Submit through Mobile Application: CVSCaremark app

Prescription medication

The following change is effective immediately.

Under **Where you can fill your prescription** in the **Prescription Medication** section, replace paragraph with the following:

You can fill your prescription at a network pharmacy, a network mail-order pharmacy, or a network specialty pharmacy. (Please note that there are some medications that are not available through the mail-order program). Some medications may only be available through the network specialty pharmacy, and will only be available up to a one-month supply at a time. We may allow a one-time fill of a specialty drug at a local pharmacy; after the one-time fill, you will receive a letter and a call to set up delivery of your drug through the specialty pharmacy network. See your *Community Care Provider Network* directory for a list of network pharmacies or visit fallonhealth.org.

Effective January 1, 2020 the following change applies:

Under **Opioid Management Program** in the **Prescription Medication** section, replace the first bullet with the following:

- **Limit days' supply**

The length of the first fill (when appropriate) will be limited to three days for members 19 and under or 7 days for members over 19 years of age for immediate release, new acute prescriptions for plan members who do not have a history of prior opioid use, based on their prescription claims. A physician can submit a prior authorization request if it is important to exceed the seven-day limit.

Under **Covered items** add the following bullet:

- Preferred Blood Glucose Meters covered are limited to OneTouch® glucose meters and test strips manufactured by LifeScan. You can obtain a OneTouch® glucose meter at network pharmacies or by calling LifeScan at 1-877-356-8480, (TTY: 711), order code number 160FCH002 or by going to the LifeScan website, www.onetouch.orderpoints.com and input order code 160FCH002. LifeScan test strip quantities over 5 per day and other brand meters and test strips require prior authorization.

General exclusions and limitations

The following change is effective immediately.

Under **General exclusions and limitations**, remove the following:

50. Treatment by telephone with providers not contracted through Teladoc

Fallon Community Health Plan, Inc.

AMENDMENT 4

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Effective January 1, 2020

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Your *Member Handbook/Evidence of Coverage* has been amended to include information on the following:

1. Expansion of Community Care service area.

The following changes apply to your *Member Handbook/Evidence of Coverage*:

Service area expansion

Under **Community Care service area** section, add the following cities and towns:

Billerica	North Chelmsford
Chelmsford	Nutting Lake
Dracut	Pinehurst
Dunstable	Tewksbury
Lowell	Tyngsboro
North Billerica	Westford

Fallon Community Health Plan, Inc.

AMENDMENT 3

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Your *Member Handbook/Evidence of Coverage* has been amended to include information on the following:

1. Questions? Just ask.
2. Disenrollment rates
3. Obtaining specialty care and services
4. Mental Health and substance abuse services

The following changes apply to your *Member Handbook/Evidence of Coverage*:

Questions? Just ask.

Under **Questions? Just ask** section add the following after **To change your primary care provider**:

For assistance in finding a provider

- If you need assistance finding a network provider, please call Customer Service at 1-800-868-5200; select menu option 6. For assistance finding a behavioral health provider, call 1-888-421-8861.

Obtaining specialty care and services

For policies issued or renewed coincident with or following July 1, 2019, the following change applies:

Under **Prior authorization** in the **Obtaining specialty care and services** section (Amendment 2), remove the following:

- Outpatient mental health services (including intermediate care), beyond eight sessions

Add the following under **Prior authorization**:

- Outpatient counseling for mental health and substance use conditions beyond eight sessions
- Intermediate and outpatient community-based mental health services for children and adolescents under the age of 19

2018 Disenrollment rates

Under **Involuntary cancellation rate** in the **Leaving Fallon** section, replace entire paragraph with the following:

For the calendar year 2018, Fallon's involuntary cancellation or disenrollment rate was 0.00%. The involuntary disenrollment rate includes any members disenrolled by the plan due to misrepresentation or fraud on the part of the member or commission of acts of verbal or physical abuse. For calendar year 2018, Fallon's voluntary disenrollment rate was 0.16%.

Mental Health and substance abuse services

For policies issued or renewed coincident with or following July 1, 2019, the following change applies:

Under **Mental Health and substance abuse services** in the **Description of benefits** section, under **Covered services**, in the **Intermediate services** section add the following:

Intermediate services for children and adolescents under the age of 19. Benefits are only available to members who are residents of Massachusetts or whose principal place of employment is in Massachusetts.

1. Community-based acute treatment (CBAT) provided in a staff-secure setting on a 24-hour basis to provide intensive therapeutic services including, but not limited to daily medication monitoring; psychiatric assessment; nursing availability; specialing (as needed); individual, group and family therapy; case management; family assessment and consultation; discharge planning; and psychological testing, as needed.
2. Intensive community-based treatment (ICBAT) providing the same services as CBAT but for higher intensity-including more frequent psychiatric and psychopharmacological evaluation and treatment and more intensive staffing and service delivery.

Under **Covered services**, in the **Outpatient services** section add the following:

Outpatient community-based services for children and adolescents under the age of 19. Benefits are only available to members who are residents of Massachusetts or whose principal place of employment is in Massachusetts.

1. Intensive Care Coordination (ICC): a collaborative service that provides targeted case management services to children and adolescents with a serious emotional disturbance, including individuals with co-occurring conditions, in order to meet the comprehensive medical, behavioral health, and psychosocial needs of an individual and the individual's family, while promoting quality, cost- effective

outcomes. This service includes an assessment, the development of an individualized care plan, referrals to appropriate levels of care, monitoring of goals, and coordinating with other services and social supports and with state agencies, as indicated. The service shall be based upon a system of care philosophy and the individualized care plan shall be tailored to meet the needs of the individual. The service shall include both face-to-face and telephonic meetings, as indicated and as clinically appropriate. ICC is delivered in office, home or other settings, as clinically appropriate.

2. Family Stabilization Team (FST): FST (also referred to as In-Home Therapy), is an intensive family therapy model focused on youth who are most at risk for out-of-home placement due to behaviors in the home. Youth and family engage in intensive family therapy, as well as some individual skill building to improve functioning. This service is implemented by a two-person team; a master's-level clinician creates the treatment plan and provides the clinical interventions while a paraprofessional conducts skill building activities with individuals, dyads, or groups within the family system.
3. In-home Behavioral Services (IHBS): a combination of medically necessary behavior management therapy and behavior management monitoring; provided, however, that such services shall be available, when indicated, where the child resides, including in the child's home, a foster home, a therapeutic foster home, or another community setting. In-home behavioral services include:
 - Behavior management monitoring - monitoring of a child's behavior, the implementation of a behavior plan and reinforcing implementation of a behavior plan by the child's parent or other caregiver.

- Behavior management therapy - therapy that addresses challenging behaviors that interfere with a child's successful functioning; provided, however, that "behavior management therapy" shall include a functional behavioral assessment and observation of the youth in the home and/or community setting, development of a behavior plan, and supervision and coordination of interventions to address specific behavioral objectives or performance, including the development of a crisis-response strategy; and provided further, that "behavior management therapy" may include short-term counseling and assistance.
4. Mobile Crisis Intervention (MCI): a short-term, mobile, on-site, face-to-face therapeutic response service that is available 24 hours a day, 7 days a week to a child experiencing a behavioral health crisis. Mobile crisis intervention is used to identify, assess, treat and stabilize a situation, to reduce the immediate risk of danger to the child or others, and to make referrals and linkages to all medically necessary behavioral health services and supports and the appropriate level of care. The intervention shall be consistent with the child's risk management or safety plan, if any. Mobile crisis intervention includes a crisis assessment and crisis planning, which may result in the development or update of a crisis safety plan. Prior authorization not required for MCI.

Under **Related exclusions** add the following:

10. Family support and training for children and adolescents under the age of 19
11. Therapeutic mentoring services for children and adolescents under the age of 19

Fallon Community Health Plan, Inc.

AMENDMENT 2

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Your *Member Handbook/Evidence of Coverage* has been amended to include information on the following:

1. Obtaining specialty care and services
2. Rehabilitation and Habilitation services

The following changes apply to your *Member Handbook/Evidence of Coverage*:

Obtaining specialty care and services

The following change is effective immediately.

Under **Prior authorization** in the **Obtaining specialty care and services** section, remove the following:

- Pulmonary rehabilitation services for chronic obstructive pulmonary disease (COPD)

Rehabilitation and Habilitation services

The following change is effective immediately.

Under **Rehabilitation and Habilitation services** in the **Description of benefits** section, under **Covered services**, replace number 5 with the following:

5. Pulmonary rehabilitation services for chronic obstructive pulmonary disease (COPD) are covered for up to two one-hour sessions per day, for up to 36 lifetime sessions.

Fallon Community Health Plan, Inc.

AMENDMENT 1

This is part of your Community Care
Member Handbook/Evidence of Coverage
Form #18-670-028
Effective March 1, 2019

This amendment changes certain sections of your Community Care Member Handbook/Evidence of Coverage. Please read it carefully and keep it with your handbook. The information in this amendment replaces any information in your handbook, Schedule of Benefits or prior amendments that conflicts with it. If you have questions about this amendment, please contact the Customer Service Department at 1-800-868-5200 (TRS 711). Representatives are available Monday, Tuesday, Thursday and Friday from 8 a.m. to 6 p.m. and Wednesday from 10 a.m. to 6 p.m.

Your *Member Handbook/Evidence of Coverage* has been amended to include information on the following:

1. Office visits and outpatient services
2. Prescription medication

The following changes apply to your *Member Handbook/Evidence of Coverage*:

Office visits and outpatient services

Under **Office visits and outpatient services** in the **Description of Benefits** section, under **Covered services** replace number one with the following:

1. Office visits, to diagnose or treat an illness or an injury
 - Telehealth visits done via a secure, real time Telemedicine platform which is inclusive of both an audio and visual component.

Prescription medication

Under **Prescription medication** in the **Description of benefits** section, under **Related exclusions** add the following:

37. Ybuphen (ibuprofen 600mg & acetaminophen 500mg)