

Fallon Community Health Plan, Inc.

SELECT CARE AMENDMENTS

- **Amendment 3 (eff. 10/01/20)**
- **Amendment 2 (eff. 06/01/20)**
- **Amendment 1**

Fallon Community Health Plan, Inc.

AMENDMENT 3

This is part of your Select Care
Member Handbook/Evidence of Coverage
Form #19-730-047
Effective October 1, 2020

This amendment changes certain sections of your Select 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, 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 2

This is part of your Select Care
Member Handbook/Evidence of Coverage
Form #19-730-047
Effective June 1, 2020

This amendment changes certain sections of your Select 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 1

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Member Handbook/Evidence of Coverage
Form #19-730-047

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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, 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, 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.