

## **covered services list** **masshealth standard / commonhealth coverage**

This is a list of covered services and benefits for MassHealth Standard and 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 third column labeled MassHealth covered service.

You can also call FCHP Customer Service for more information about services and benefits or to ask questions. See the telephone number and hours of operation for FCHP Customer Service at the bottom of every page of this covered services list.

- For questions about behavioral-health services, please call 1-888-421-8861 or TTY: 1-781-994-7660 for people with partial or total hearing loss.
- For more information about pharmacy services, go to FCHP's drug list at [www.fchp.org](http://www.fchp.org) or call FCHP Customer Service at 1-800-868-5200. For questions about dental services, please call 1-800-207-5019.

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 keep in mind that services and benefits change from time to time. This covered services list is for your general information only. Please call FCHP for the most up to date information. MassHealth regulations control the services and benefits available to you. To access MassHealth regulations:

- go to MassHealth's Web site [www.mass.gov/masshealth](http://www.mass.gov/masshealth); or

If you have questions, call FCHP Customer Service at **1-800-868-5200** (TTY: 1-877-608-7677 for people with partial or total hearing loss). Hours of operation are Monday through Friday 8:30 am to 5:00 pm.

- call MassHealth Customer Service at 1-800-841-2900 (TTY: 1-800-497-4648 for people with partial or total hearing loss) Monday through Friday from 8:00 a.m. to 5:00 p.m.

MassHealth Standard & CommonHealth Covered Services for FCHP Members	Authorization Required for Some or All of the Services?	Primary Care Physician (PCP) Referral Required for Some or All of the Services?	MassHealth Covered Services=√ (Covered by MassHealth, not FCHP) All Other Services are covered by FCHP
<b>Emergency Services</b>			
Emergency Transportation Services	No	No	
Emergency Inpatient and Outpatient Services	No	No	
<b>Medical Services</b>			
Abortion Services	No	No	
Acute Inpatient Hospital Services	Yes	No	
Adult Day Health Services Center based services offered by adult day health providers may include: • nursing	Yes	Yes	√

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services and health oversight <ul style="list-style-type: none"> <li>• assistance with activities of daily 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</li> </ul>	Yes	Yes	√

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and personal care <ul style="list-style-type: none"> <li>• supervision</li> <li>• nursing oversight</li> </ul>			
Ambulatory Surgery Services - outpatient, same-day surgical, diagnostic and medical services	Yes	No	
Audiologist (Hearing) Services	No	Yes	
Chiropractor Services	Yes	No	
Chronic Disease and Rehabilitation Inpatient Hospital Services <sup>1</sup>	Yes	No	
Community Health Center Services	No	No	

<sup>1</sup> You will be disenrolled from FCHP if you need more than 100 days of Nursing Facility and/or Chronic Disease and Rehabilitation Inpatient Hospital Services in a contract year 7/1/xx to 6/30/xx. When you are disenrolled from FCHP, you receive such services from MassHealth on a fee-for-service basis.

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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> </ul>			
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	Yes	√

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Day Habilitation Services Center based services for members with mental retardation or developmental disabilities offered by day habilitation providers may include: <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>	No	Yes	√
<b>Dental Services</b>			
<ul style="list-style-type: none"> <li>• Emergency related dental care</li> </ul>	No	No	
<ul style="list-style-type: none"> <li>• Oral surgery performed in an</li> </ul>	No	No	

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outpatient setting which is medically necessary to treat a medical condition			
• All other dental services	Yes	No	√
Dialysis Services	Yes	No	
Durable Medical Equipment The purchase or rental of medical equipment, replacement parts, and repair for such items	Yes	No	
Early Intervention Services	No	No	
Family Planning Services <sup>2</sup>	No	No	
Group Adult	Yes	Yes	√

<sup>2</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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Foster Care Services Services provided by group adult foster care providers are offered in a group supported housing environment and 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>			
Hearing Aid Services	Yes	No	
Home Health	Yes	No	

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Services			
Hospice Services <sup>3</sup>	Yes	Yes	
Laboratory Services	No	No	
Medical/Surgical Supplies <sup>4</sup>	No	No	
Nursing Facility Services <sup>5</sup>	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	Yes	No	

• A member can get hospice care from FCHP or MassHealth. If you choose to receive hospice care from MassHealth you will be disenrolled from FCHP.

• Some restrictions may apply. Please refer to your member handbook.

• You will be disenrolled from FCHP if you need more than 100 days of Nursing Facility and/or Chronic Disease and Rehabilitation Inpatient Hospital Services in a contract year 7/1/xx to 6/30/xx. When you are disenrolled from FCHP, you receive such services from MassHealth on a fee-for-service basis.

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Outpatient Hospital Services Services provided at an outpatient hospital, 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>• therapy services (physical, occupational and speech)</li> <li>• diabetes self-management training</li> <li>• medical nutritional therapy</li> <li>• tobacco cessation services</li> </ul>	No	No	
Oxygen & Respiratory Therapy	Yes	No	

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Equipment			
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	Yes	√
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-</li> </ul>	No	No	

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management training <ul style="list-style-type: none"> <li>• medical nutritional therapy</li> <li>• tobacco cessation services</li> </ul>			
Podiatrist Services (Foot Care)	Yes	No	
Prosthetic Services	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>	Yes	No	
Therapy Services For example: <ul style="list-style-type: none"> <li>• occupational therapy</li> <li>• physical therapy</li> </ul>	Yes	No	

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<ul style="list-style-type: none"> <li>• speech/ language therapy</li> </ul>			
<b>Transportation Services</b>			
<ul style="list-style-type: none"> <li>• 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</li> </ul>	Yes	No	√
<ul style="list-style-type: none"> <li>• Non-emergency transportation by land ambulance, chair car, taxi, and common carriers to and</li> </ul>	Yes	Yes	

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from covered medical care beyond 50 miles of the Massachusetts border			
Vision Care For example:			
• comprehensive eye exams	No	No	
• vision training	Yes	No	
• eye glasses	Yes	No	√
• contact lenses and other visual aids	Yes	Yes	√
Wigs – as prescribed by a physician related to a medical condition	Yes	No	
<b>Pharmacy Services (Medications)</b>			
Prescription Drugs	Yes	No	
Over-the-Counter Medicines	No	No	

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<b>Behavioral-Health (Mental-Health and Substance-Abuse) Services</b>			
Diversionary Services, such as: <ul style="list-style-type: none"> <li>▪ family stabilization teams</li> <li>▪ community support programs</li> <li>▪ community-based acute treatment for children and adolescents</li> <li>▪ partial hospitalization</li> <li>▪ certain substance-abuse programs</li> </ul>	Yes	No	
Emergency Services (Inpatient and Outpatient)	No	No	
Emergency Services Program	No	No	

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(ESP) Services, such as: <ul style="list-style-type: none"> <li>▪ crisis screening medication evaluation</li> <li>▪ short-term crisis counseling</li> <li>▪ crisis stabilization</li> <li>▪ special one-to-one service</li> </ul>			
Inpatient Services	No	No	
Outpatient Day Services, such as: <ul style="list-style-type: none"> <li>▪ Structured Outpatient Addictions Program (SOAP)</li> <li>▪ Psychiatric Day Treatment</li> </ul>	Yes	No	
Outpatient Services, such as: <ul style="list-style-type: none"> <li>▪ individual, group, and family counseling</li> </ul>	Yes	No	

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<ul style="list-style-type: none"> <li>▪ medication visits</li> <li>▪ community crisis counseling 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>			

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<p><b>Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services</b>            There is more information about EPSDT Services in the section of the Member Handbook describing "Additional services for children."</p>			
<p><b>Screening 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 that are needed to find out if there are any health problems.</p>	No	No	

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<p>These screenings include health, vision, dental, hearing, behavioral-health, developmental, and immunization status screenings. FCHP 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</p>			

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<p>their PCP any time there is a concern about their medical or behavioral health, even if it is not time for a regular checkup. Children under age 21 are also entitled to get regular visits with a dental provider.</p>			
<p><b>Diagnosis and Treatment Services</b> FCHP pays for all medically necessary services<sup>6</sup> that are covered by federal Medicaid law, even if the services are not</p>	Yes	Yes	

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<sup>6</sup> FCHP pays for all medically necessary MassHealth covered services.

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<p>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</p>			

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<p>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</p>			

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<p>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</p>			

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Handbook under "Appeals and grievances." Talk to 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:

- \$3 for brand-name prescription drugs
- \$2 for generic prescription and over-the-counter drugs (generic and brand-name) for which you have a prescription from the doctor.
- \$1 for generic prescription and over-the-counter drugs (generic and brand-name) used to treat diabetes, hypertension and hyperlipidemia. These drugs are called antihyperglycemics (such as metformin), antihypertensives (such as propranolol), and antihyperlipidemics (such as simvastatin)
- This increase applies to both first-time prescriptions and refills

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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 Social Services (DSS) (Note: Name changed to 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);
- members who want family planning supplies (birth control); and members who are in hospice care.

Call FCHP Customer Service at 1-800-868-5200 (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.