

Connection



Important information for Fallon Community Health Plan physicians and providers

■ Every day affairs

Your opinion matters

Our annual FCHP Provider Satisfaction Survey will be ready for you on our Web site from November 1 through December 11. FCHP is requesting your input in our ongoing effort to improve services. The online survey will be available at: fchp.org/providers/secure/survey.aspx.

Please respond by December 11—and you'll be eligible to **win one of two \$250 American Express® Gift Cheques.** ■

Introducing a new FCHP senior program

NaviCareSM is a new Senior Care Options Program from Fallon Community Health Plan. It's a health plan designed to help eligible individuals 65 and over who reside in Worcester County to get the most from their MassHealth Standard and Medicare benefits. It also offers additional benefits and supportive services not covered by either of those programs, but which promote independence and quality of life.

What's unique about NaviCare is the way it coordinates the delivery of benefits and care for members. NaviCare members will have their own Navigator, a personal guide who serves as a single point of contact for all benefits and services. They also will work with a Primary Care Team to develop and maintain a care plan to stay as healthy as possible. With this coordinated care, NaviCare members will get the right care at the right time.

FCHP has over 30 years of experience and national recognition in providing insurance solutions and care to the senior population. NaviCare is the newest addition to FCHP's Senior Care Services products, which include Fallon Senior PlanTM Medicare Advantage plans, and Summit ElderCare[®], a Program of All-Inclusive Care for the Elderly.

If you'd like additional details about this program, please contact our Provider Relations Department at 1-866-ASK-FCHP (1-866-275-3247), prompt 4. ■

Chiropractic benefit changes for 2010

Fallon Community Health Plan will be making changes to its standard chiropractic benefit for commercial plans, effective January 1, 2010.

The maximum number of covered chiropractic visits per calendar year will change from 20 to 12 visits. In addition, FCHP will no longer require the chiropractor to submit a patient treatment plan every fifth visit for preauthorization by FCHP. As a result, in many situations, members actually will receive more coverage than under the previous benefit. FCHP will continue to cover adjunct therapies, such as ultrasound. **An initial PCP referral is still required.**

If you have any questions, please call the Provider Relations Department at 1-866-ASK-FCHP, prompt 4. ■

Feds require dependent student coverage for medical leaves

Michelle's Law (P.L. 110-381) creates a new federal coverage mandate ensuring that dependent students who take a medically necessary leave of absence do not lose health coverage. The law became effective for plan years beginning on or after October 1, 2009, which for most plans means an effective date of January 1, 2010 or July 1, 2010.

For the student to qualify under Michelle's Law, one of the requirements is that **the treating physician must certify in writing** that the student's leave or scheduled reduction is necessary due to a severe illness or injury. For more details about the law, please see the full article in *Connection* online. ■


See enclosed
Connection
Supplement
for important
2010
updates.



Study reports FCHP outperforms traditional Medicare

A new analysis shows that Medicare Advantage is controlling costs and ensuring quality of care through lower rates of avoidable hospitalizations.

In the study, authored by Johns Hopkins University researcher Gerald Anderson, Ph.D., and commissioned by the Alliance of Community Health Plans, Fallon Community Health Plan also was found to have significantly lower rates of avoidable hospital readmissions, as well as preventable admissions and emergency department visits than traditional Medicare.

For performance statistics and other details, please see the full article in *Connection* online. 


Let's connect

Process for first-time claims submission to FCHP

Fallon Community Health Plan accepts paper claims as well as electronic claims for first-time claim submission. Please **do not fax** first-time claim submissions, as this method will delay claims processing.

Submit paper claims to:
Fallon Community Health Plan
P.O. Box 15121
Worcester MA 01615-0121

Submit electronic claims either directly to Fallon Community Health Plan or by using one of the following clearinghouses: Emdeon, McKesson or Medavent.

For additional claims-processing information, please visit the billing section of the *Provider Manual* located at fchp.org. 

Commonwealth Choice Program standardizes benefits

Earlier this year, FCHP once again received the "Seal of Approval" to continue our participation in the Commonwealth Choice program, which is operated through the Health Connector. Members enrolled through this program do not receive a subsidy (subsidies are only for those enrolled through the Commonwealth Care program). Instead, the Health Connector works similarly to

a broker, enrolling individuals and small groups into FCHP Select Care and FCHP Direct Care plan designs.


Unlike previous years, when FCHP submitted its own plan designs, this year the Health Connector decided to standardize the benefits for all carriers with little variation. As a result, FCHP now offers several new plan design options to meet the criteria set forth. The Health Connector will continue with its designation of Gold, Silver, Bronze and Young Adult Plan tiers. FCHP's plan names are as follows:

Connector designation	FCHP plan name
Gold	Select Care Premier Gold
Silver High	Direct Care Rx Saver Select Care Rx Saver
Silver Medium	Direct Care Premium Saver 500* Select Care Premium Saver 500*
Silver Low	Direct Care Premium Saver 1000 Plus Select Care Premium Saver 1000 Plus
Bronze High	Direct Care Rx Saver 250 Select Care Rx Saver 250
Bronze Medium	Direct Care Rx Saver 2000 Select Care Rx Saver 2000
Bronze Low	Direct Care Rx Saver Choice 2000 Direct Care Rx Saver Choice 2000
YAP - A w/Rx	Select Care Young Adult Plan High w/Rx
YAP - A w/out Rx	Select Care Young Adult Plan High w/out Rx
YAP - B w/Rx	Select Care Young Adult Plan Low w/Rx
YAP - B w/out Rx	Select Care Young Adult Plan Low w/out Rx

* Existing FCHP plan design option

These plans will be effective for January 1, 2010. Summaries of Benefits are available in the FCHP *Provider Manual*.

Like all of our commercial plans, these plans include value-added features, such as our \$0 wellness benefit and our It Fits! and Oh Baby! programs.

If you have any questions regarding the Commonwealth Choice program, please call FCHP's Provider Relations Department at 1-866-ASK-FCHP, prompt 4. 

Reminder: Medicare Advantage Prescription Drug FWA training required

Don't forget to complete the fraud, waste and abuse training required by CMS for all providers and employees who work with, or contract with, a Part C Medicare Advantage and/or a Part D Medicare Prescription Drug health plan.

The training must be completed annually by December 31, 2009. To complete the Web-based training, log on to the HCAS Web site at hcasma.org and select the "Medicare Training" option on the toolbar at the top of the home page. Submit the attestation provided when finished.

If you have questions about this requirement, or need assistance, contact FCHP's Provider Relations Department at 1-866-ASK-FCHP, prompt 4, or askfchp@fchp.org. ■

■ Billing bytes

Vaccine billing requirements

"Seasonal" flu

Fallon Community Health Plan requires that CPT codes 90655, 90656, 90657 and 90658 be billed for the seasonal flu vaccine and HCPCS code G0008 for the administration. If administered on the same day as a physician service is performed, use CPT codes 90465-90474 to report the administration of the vaccine. FCHP does not require an invoice be submitted for the flu vaccine.

Pneumococcal vaccine

FCHP requires that CPT code 90732 be billed for the pneumococcal vaccine and HCPCS code G0009 for the administration. If administered on the same day as a physician service is performed, use CPT codes 90465-90474 to report the administration of the vaccine. FCHP does not require an invoice be submitted for the pneumococcal vaccine.

H1N1 vaccine

For Fallon Senior Plan members, FCHP requires that HCPCS code G9142 be billed for the H1N1 (swine flu) vaccine and HCPCS code G9141 for its administration. **For all other plan types**, use CPT code 90663 for the vaccine and CPT code 90470 to report the administration. FCHP does not require an invoice to be submitted for the H1N1 vaccine.

Please note:

- If the vaccines are state-supplied, claims should be submitted with the appropriate CPT code for the vaccine with the -SL modifier and a charge of \$0.00. The administration code and charge should be submitted.
- If the vaccines are not available through the state, the claim should be submitted with the appropriate CPT code for the vaccine and the appropriate charge. The administration code should also be submitted along with the charge.
- Members are not required to pay a copayment. ■

■ Payment policy updates

Payment policies this issue

Revised policies – effective January 1, 2010

The following policies have been updated; details about the changes are indicated on the policies.

- **Maximum Units Payment Policy:** Added language in the reimbursement section discussing that the policy is subject to change based on review of industry standard coding updates.
- **Neonatal and Pediatric Critical Care Services Payment Policy:** Renamed to Neonatal Intensive Care Services, moved to new template and updated NICU and level descriptions.
- **Unlisted Surgical Procedures and Services for Facilities Payment Policy and Unlisted Surgical Procedures and Services for Physicians Payment Policy:** Combined facility and professional policies, renamed to *Unlisted Procedures and Services Payment Policy*, edited language to apply to all unlisted codes, not just unlisted surgical codes, and updated language in the reimbursement section to describe how reimbursement is determined. ■

Coding corner

Coding issue: Operative notes

Correction: Please note that an incorrect fax number was published in the July *Connection* for our Claims Nurse Reviewer in the article titled, "Coding issue: Operative notes." **The correct fax number is 1-508-797-4292.** For a reprint of the article with the correct fax number, please see *Connection* online. **i**

New ICD-9-CM codes available

The annual update of the ICD-9-CM diagnosis and procedure codes is effective October 1, 2009. An ICD-9-CM diagnosis code is required on all paper and electronic claims billed to Fallon Community Health Plan.

For a list of new and invalid ICD-9-CM codes, effective for dates of service on or after October 1, 2009, see *Connection* online. **i**

Code updates

Effective January 1, 2010, the following codes will require preauthorization.

63030, 63042	Hemilaminectomy, lumbar, +/- Discectomy/Foraminotomy
63020, 63040	Hemilaminectomy, cervical, +/- Discectomy/Foraminotomy
22224, 62287	Discectomy, lumbar
22220, 22554, 22585, 63075, 63076, 63081, 63082	Discectomy, anterior cervical, +/- fusion
20930, 20931, 20936, 20937, 20938, 22548, 22554, 22590, 22595, 22600, 63001, 63015, 63045, 63050, 63051	Laminectomy, cervical, +/- Discectomy/Foraminotomy/Fusion
22318, 22319, 22548, 22554, 22590, 22595, 22600	Fusion, cervical spine
22533, 22558, 22612, 22630	Fusion, lumbar spine

Effective immediately, the following codes no longer require plan preauthorization.

21555	Excision tumor, soft tissue of neck or thorax; subcutaneous
24075	Excision, tumor, soft tissue of upper arm or elbow area; subcutaneous
25075	Excision, tumor, soft tissue of forearm and/or wrist area; subcutaneous
27327	Excision, tumor, thigh or knee area; subcutaneous
27618	Excision, tumor, leg or ankle area; subcutaneous tissue

Effective January 1, 2010, the following codes will be covered for Fallon Senior Plan™ members only.

0200T	Percutaneous sacral augmentation (sacroplasty), unilateral injection(s), including the use of a balloon or mechanical device (if utilized), one or more needles
0201T	Percutaneous sacral augmentation (sacroplasty), bilateral injections, including the use of a balloon or mechanical device (if utilized), two or more needles

Effective immediately, the follow codes are covered for all lines of business.

88380	Microdissection (e.g., mechanical, laser capture)
88381	Microdissection (i.e., sample preparation of microscopically identified target); manual

Effective January 1, 2010, the following codes will deny – vendor liable.

41512	Tongue base suspension, permanent suture technique
91035	Esophagus, gastroesophageal reflux test; with mucosal attached telemetry pH electrode placement, recording, analysis and interpretation
E0445	Oximeter device for measuring blood oxygen levels non-invasively
E0575	Nebulizer, ultrasonic, large volume

Effective January 1, 2010, the following code will not be separately reimbursed.

J2001	<ul style="list-style-type: none"> Injection, lidocaine hcl for intravenous infusion, 10 mg ■
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Formulary notes

In 2010, FCHP will continue to have separate formularies for commercial and Medicare Advantage members. On our Web site, fchp.org, go to "Providers," then "Online drug formularies," 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 Fallon Senior Plan retiree group members also can be found on our Web site.

All Fallon Senior Plan choices with the Medicare Part D benefit will continue to cover the benzodiazepine and barbiturate therapeutic category drugs that are not normally covered under Medicare Part D. Members pay copayments for these drugs for the entire 2010 calendar year. Since these drugs are not covered under the Medicare Part D benefit, members who are receiving the federal low-income subsidy won't have their copayments reduced for these drugs.

2010 Fallon Senior Plan medical benefits overview

Benefit	FSP Saver HMO		FSP Standard HMO		FSP Plus Enhanced Rx HMO		FSP Preferred Enhanced Rx PPO	
	FSP Saver Basic Rx HMO FSP Saver Enhanced Rx HMO	Worcester and Hampden Counties Portions of Franklin, Hampshire, Middlesex and Norfolk Counties Fallon Senior Plan HMO	FSP Standard Basic Rx HMO FSP Standard Enhanced Rx HMO	Worcester and Hampden Counties Portions of Franklin, Hampshire, Middlesex and Norfolk Counties Fallon Senior Plan HMO	Worcester and Hampden Counties Portions of Franklin, Hampshire, Middlesex and Norfolk Counties Fallon Senior Plan HMO	Worcester and Hampden Counties Portions of Franklin, Hampshire, Middlesex and Norfolk Counties Fallon Senior Plan PPO	Worcester and Hampden Counties Portions of Franklin, Hampshire, Middlesex and Norfolk Counties Fallon Senior Plan PPO	Worcester and Hampden Counties Portions of Franklin, Hampshire, Middlesex and Norfolk Counties Fallon Senior Plan PPO
Service area	Worcester and Hampden Counties Portions of Franklin, Hampshire, Middlesex and Norfolk Counties Fallon Senior Plan HMO	Worcester and Hampden Counties Portions of Franklin, Hampshire, Middlesex and Norfolk Counties Fallon Senior Plan HMO	Worcester and Hampden Counties Portions of Franklin, Hampshire, Middlesex and Norfolk Counties Fallon Senior Plan HMO	Worcester and Hampden Counties Portions of Franklin, Hampshire, Middlesex and Norfolk Counties Fallon Senior Plan HMO	Worcester and Hampden Counties Portions of Franklin, Hampshire, Middlesex and Norfolk Counties Fallon Senior Plan HMO	Worcester and Hampden Counties Portions of Franklin, Hampshire, Middlesex and Norfolk Counties Fallon Senior Plan PPO	Worcester and Hampden Counties Portions of Franklin, Hampshire, Middlesex and Norfolk Counties Fallon Senior Plan PPO	Worcester and Hampden Counties Portions of Franklin, Hampshire, Middlesex and Norfolk Counties Fallon Senior Plan PPO
Provider network	Worcester and Hampden Counties Portions of Franklin, Hampshire, Middlesex and Norfolk Counties Fallon Senior Plan HMO	Worcester and Hampden Counties Portions of Franklin, Hampshire, Middlesex and Norfolk Counties Fallon Senior Plan HMO	Worcester and Hampden Counties Portions of Franklin, Hampshire, Middlesex and Norfolk Counties Fallon Senior Plan HMO	Worcester and Hampden Counties Portions of Franklin, Hampshire, Middlesex and Norfolk Counties Fallon Senior Plan HMO	Worcester and Hampden Counties Portions of Franklin, Hampshire, Middlesex and Norfolk Counties Fallon Senior Plan HMO	Worcester and Hampden Counties Portions of Franklin, Hampshire, Middlesex and Norfolk Counties Fallon Senior Plan PPO	Worcester and Hampden Counties Portions of Franklin, Hampshire, Middlesex and Norfolk Counties Fallon Senior Plan PPO	Worcester and Hampden Counties Portions of Franklin, Hampshire, Middlesex and Norfolk Counties Fallon Senior Plan PPO
Deductible (if applicable) and out-of-pocket maximum	\$3,400 for Medicare- covered services	\$3,400 for Medicare- covered services	\$3,400 for Medicare- covered services	\$3,400 for Medicare- covered services	\$3,400 for Medicare- covered services	\$3,400 for Medicare- covered services	In-network: \$3,400 for Medicare-covered services Out-of-network: \$500 deductible \$7,500 for all plan services	In-network: \$3,400 for Medicare-covered services Out-of-network: \$500 deductible \$7,500 for all plan services
Inpatient hospital and mental health care [For mental health care, contact plan for details about benefits beyond 190 days.]	\$500 for each stay Separate \$1,500 out-of-pocket maximums for acute, rehabilitation and mental-health stays \$0 for substance-abuse care	\$350 for each stay Separate \$1,050 out-of-pocket maximums for acute, rehabilitation and mental-health stays \$0 for substance-abuse care	\$350 for each stay Separate \$1,050 out-of-pocket maximums for acute, rehabilitation and mental-health stays \$0 for substance-abuse care	\$350 for each stay Separate \$1,050 out-of-pocket maximums for acute, rehabilitation and mental-health stays \$0 for substance-abuse care	\$200 for each stay Separate \$400 out-of-pocket maximums for acute, rehabilitation and mental-health stays \$0 for substance-abuse care	\$200 for each stay Separate \$400 out-of-pocket maximums for acute, rehabilitation and mental-health stays \$0 for substance-abuse care	In-network: \$350 for each stay Separate \$1,050 out-of-pocket maximums for acute, rehabilitation and mental-health stays Prior authorization required. \$0 for substance-abuse care Out-of-network: 20% of the cost for each stay \$0 for substance-abuse care Prior authorization required for organ transplants.	In-network: \$350 for each stay Separate \$1,050 out-of-pocket maximums for acute, rehabilitation and mental-health stays Prior authorization required. \$0 for substance-abuse care Out-of-network: 20% of the cost for each stay \$0 for substance-abuse care Prior authorization required for organ transplants.
Skilled nursing facility care	\$50 a day for days 1-20	\$35 a day for days 1-20	\$35 a day for days 1-20	\$35 a day for days 1-20	\$20 a day for days 1-20	\$20 a day for days 1-20	In-network: \$50 a day for days 1-20 Prior authorization required.	In-network: \$50 a day for days 1-20 Prior authorization required.
Primary care office visits	\$25	\$15	\$15	\$15	\$10	\$10	In-network: \$20 Out-of-network: \$40	In-network: \$20 Out-of-network: \$40
Physical exams	\$0 for one physical exam a year	\$0 for one physical exam a year	\$0 for one physical exam a year	\$0 for one physical exam a year	\$0 for one physical exam a year	\$0 for one physical exam a year	In-network: \$20 unlimited physical exams Out-of-network: \$40 unlimited physical exams	In-network: \$20 unlimited physical exams Out-of-network: \$40 unlimited physical exams
Specialist visits	\$25	\$20	\$20	\$20	\$15	\$15	In-network: \$25 Out-of-network: \$40	In-network: \$25 Out-of-network: \$40

2010 Fallon Senior Plan medical benefits overview

Benefit	FSP Saver HMO	FSP Standard HMO	FSP Plus Enhanced Rx HMO	FSP Preferred Enhanced Rx PPO
	FSP Saver Basic Rx HMO FSP Saver Enhanced Rx HMO	FSP Standard Basic Rx HMO FSP Standard Enhanced Rx HMO		
Chiropractic services	\$25 No prior authorization required. A referral is still required.	\$20 No prior authorization required. A referral is still required.	\$15 No prior authorization required. A referral is still required.	In-network: \$25 No prior authorization required. Out-of-network: \$40
Podiatry	\$25 for medically-necessary foot care visits	\$20 for medically-necessary foot care visits	\$15 for medically-necessary foot care visits	In-network: \$25 for medically-necessary foot care visits Out-of-network: \$40 for medically-necessary foot care visits
OUTPATIENT: - mental-health care - substance-abuse care - rehabilitation	\$25	\$20	\$15	In-network: \$25 Out-of-network: \$40
Same-day surgery	\$100 for each same-day surgical procedures	\$75 for each same-day surgical procedures	\$50 for each same-day surgical procedures	In-network: \$75 for each same-day surgical procedures Prior authorization required. Out-of-network: 20% of the cost for each same-day surgical procedures
Ambulance services	\$50 \$200 out-of-pocket maximum	\$50 \$200 out-of-pocket maximum	\$50 \$200 out-of-pocket maximum	In-network and out-of-network: \$50 \$200 out-of-pocket maximum Prior authorization required for non-emergency ambulance services.
Emergency care	\$50 (waived if admitted to the hospital within 72 hours for same condition) worldwide coverage	\$50 (waived if admitted to the hospital within 72 hours for same condition) worldwide coverage	\$50 (waived if admitted to the hospital within 72 hours for same condition) worldwide coverage	In-network and out-of-network: \$50 (waived if admitted to the hospital within 72 hours for same condition) worldwide coverage
Urgently-needed care	\$25	\$15	\$10	In-network: \$20 Out-of-network: \$40
Durable medical equipment¹ Prosthetic devices	10% of the cost	10% of the cost	10% of the cost	In-network: 10% of the cost Prior authorization required. Out-of-network: 20% of the cost for items

2010 Fallon Senior Plan medical benefits overview

Benefit	FSP Saver HMO	FSP Standard HMO	FSP Plus Enhanced Rx HMO	FSP Preferred Enhanced Rx PPO
	FSP Saver Basic Rx HMO FSP Saver Enhanced Rx HMO	FSP Standard Basic Rx HMO FSP Standard Enhanced Rx HMO	FSP Plus Enhanced Rx HMO	FSP Preferred Enhanced Rx PPO
Diagnostic tests, X-rays and lab services	\$0 for clinical/diagnostic lab services and radiation therapy \$100 for each CT, PET and MRI scans and nuclear study \$600 for plans with Rx and \$400 for plans without Rx out-of-pocket maximum	\$0 for clinical/diagnostic lab services and radiation therapy \$75 for each CT, PET and MRI scans and nuclear study \$300 out-of-pocket maximum	\$0 for clinical/diagnostic lab services and radiation therapy \$75 for each CT, PET and MRI scans and nuclear study \$300 out-of-pocket maximum	In-network: \$0 for clinical/diagnostic lab services and radiation therapy \$75 for each CT, PET and MRI scans and nuclear study \$300 out-of-pocket maximum Out-of-network: \$0 for clinical/diagnostic lab services and radiation therapy 20% of the cost for each, CT, PET and MRI scans and nuclear study
Dental services	\$10 to \$25 for Medicare-covered services \$10 for one oral exam every six months that includes cleaning, fluoride treatment and X-rays \$19 to \$51 for fillings	\$10 to \$20 for Medicare-covered services \$10 for one oral exam every six months that includes cleaning, fluoride treatment and X-rays \$19 to \$51 for fillings	\$10 to \$15 for Medicare-covered services \$10 for one oral exam every six months that includes cleaning, fluoride treatment and X-rays \$19 to \$51 for fillings	In general, preventive dental benefits (such as cleaning) not covered. In-network: \$10 to \$25 for Medicare-covered services Out-of-network: \$40 for Medicare-covered services
Hearing services	In general, routine hearing exams and hearing aids not covered. \$25 for diagnostic hearing exams	In general, routine hearing exams and hearing aids not covered. \$20 for diagnostic hearing exams	In general, routine hearing exams and hearing aids not covered. \$15 for diagnostic hearing exams	In general, routine hearing exams and hearing aids not covered. In-network: \$25 for diagnostic hearing exams Out-of-network: \$40 for hearing exams
Vision services	\$25 for exams to diagnose and treat diseases and conditions of the eye \$25 for one routine exam every two years	\$20 for exams to diagnose and treat diseases and conditions of the eye \$20 for one routine exam every two years	\$15 for exams to diagnose and treat diseases and conditions of the eye \$15 for one routine exam every two years	In-network: \$25 for exams to diagnose and treat diseases and conditions of the eye \$25 for one routine exam every two years Out-of-network: \$40 for eye exams
U.S. travel program?	Doctor office visits (\$25 PCP and specialist) and diagnostic tests, X-rays and lab services are covered for routine services for the above-mentioned copayment.	Doctor office visits (\$15 PCP and \$20 specialist) and diagnostic tests, X-rays, and lab services are covered for routine services for the above-mentioned copayment.	Doctor office visits (\$10 PCP and \$15 specialist) and diagnostic tests, X-rays, and lab services are covered for routine services for the above-mentioned copayment.	Not applicable

Note: Prior authorization and referrals are not mentioned in this table if there's no change between 2009 and 2010. Please go to our Web site for complete details about all our benefits.

¹ Additional DME coverage for our HMO plans and in-network for our PPO plan includes:

- Up to 3 pairs of gradient compression garments per condition OR up to 3 individual extremity garments for unilateral conditions, per calendar year are covered when ordered or prescribed by a plan provider for the treatment of lymphedema or open venous stasis ulcers. The garment can be prefabricated or custom-made to provide optimal gradient compression.
- Oral device/appliances and apnea monitors with or without recording feature are covered for the treatment of obstructive sleep apnea.
- For members who suffer hair loss as a result of the treatment for any form of cancer or leukemia. Members are responsible for 10% 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.

² U.S. travel program for HMO plans

There is unlimited coverage, and there are no referrals or authorizations required, for certain services received from a provider that accepts Medicare when the member travels in any state within the continental U.S. (including Hawaii and Alaska) except: Connecticut, District of Columbia, Delaware, Maine, Massachusetts, Maryland, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island and Vermont.

Doctor office visits are covered excluding:

- Chiropractic services
- Outpatient mental-health care
- Outpatient substance-abuse care
- Outpatient rehabilitation services
- Routine vision and hearing devices
- Preventive devices (refer to the *Evidence of Coverage* for list)

Diagnostic tests, X-rays, and lab services are covered for routine services. This excludes the following services:

- Diagnostic radiological services for nuclear studies, CAT scans, PET scans and MRIs
- Therapeutic radiological services

All other services, except emergency or urgently needed care, or out-of-area dialysis services, must be given or arranged by a network provider.

2010 Fallon Senior Plan prescription drug coverage overview

Benefit	No Rx plans	Basic Rx plans			Enhanced Rx plans	
	Covered Part B drugs	Covered Part D drugs	Not covered Part D drugs	Covered Part B drugs	Covered Part D drugs	Not covered Part D drugs and covered Part B drugs
Deductible	n/a	\$310	n/a	n/a	\$0	n/a
Initial coverage	\$5 Tier 1 \$20 Tier 2 \$40 Tier 3	\$310 to \$2830 For up to a 30-day supply: \$5 Tier 1 \$20 Tier 2 \$40 Tier 3 25% of the cost for Tier 4	\$5 Tier 1 \$20 Tier 2 \$40 Tier 3 25% of the cost for Tier 4	\$5 Tier 1 \$20 Tier 2 \$40 Tier 3	\$0 to \$2830 For up to a 30-day supply: \$7 Tier 1 \$35 Tier 2 \$65 Tier 3	For up to a 30-day supply: \$7 Tier 1 \$35 Tier 2 \$65 Tier 3
Coverage gap	\$5 Tier 1 \$20 Tier 2 \$40 Tier 3	After the total yearly drug costs (paid by both member and Fallon Senior Plan) reach \$2830, member pays 100% of prescription drug costs.	\$5 Tier 1 \$20 Tier 2 \$40 Tier 3 25% of the cost for Tier 4	\$5 Tier 1 \$20 Tier 2 \$40 Tier 3	After the total yearly drug costs (paid by both member and Fallon Senior Plan) reach \$2830, member pays 100% of prescription drug costs.	For up to a 30-day supply: \$7 Tier 1 \$35 Tier 2 \$65 Tier 3
Catastrophic coverage	\$5 Tier 1 \$20 Tier 2 \$40 Tier 3	After the yearly out-of-pocket drug costs reach \$4550, member pays the greater of: \$2.50 for generic or a preferred-brand drug and \$6.30 for all other drugs, or 5% coinsurance	\$5 Tier 1 \$20 Tier 2 \$40 Tier 3 25% of the cost for Tier 4	\$5 Tier 1 \$20 Tier 2 \$40 Tier 3	After the yearly out-of-pocket drug costs reach \$4550, member pays the greater of: \$2.50 for generic or a preferred-brand drug and \$6.30 for all other drugs, or 5% coinsurance	For up to a 30-day supply: \$7 Tier 1 \$35 Tier 2 \$65 Tier 3

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Get connected



Connection online ■ November 2009

Your online supplement to *Connection* at
fchp.org/Providers/Connection.htm contains:

- Feds require dependent student coverage for medical leaves
- Study reports FCHP outperforms traditional Medicare
- Formulary updates: commercial and Medicare Part D
- Coding issue: Operative notes
- New ICD-9-CM codes available

Connection is a bimonthly publication for all FCHP ancillary and affiliated providers. The next copy deadline is **November 6, 2009**.

Send information to
Kathleen M. Bien
Director, Provider Relations
Fallon Community Health Plan
10 Chestnut St.
Worcester, MA 01608
E-mail: kathy.bien@fchp.org

Eric H. Schultz
President and CEO

Elizabeth Malko, M.D.
Chief Medical Officer

Eric Hall
Vice President, Network Development
and Management

fchp.org

Questions?
Call 1-866-ASK-FCHP
(1-866-275-3247)