Fallon Community Health Plan, Inc.

SELECT CARE
AMENDMENTS

- Amendment 2 (eff. 01/01/21, part 2)
- Amendment 3 (eff. 10/01/20)
- Amendment 2 (eff. 06/01/20, part 1)
- Amendment 1
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. Mental health and substance use services

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

**Mental Health and substance use services**
For policies issued or renewed coincident with or following January 1, 2021, the following changes apply:

Under **Outpatient community-based services for children and adolescents** add the following:

5. **Family support and training:** medically necessary services provided to a parent or other caregiver of a child to improve the capacity of the parent or caregiver to ameliorate or resolve the child’s emotional or behavioral needs; provided, however, that such service shall be provided where the child resides, including in the child’s home, a foster home, a therapeutic foster home, or another community setting. Family support
and training addressed one or more goals on the youth’s behavioral health treatment plan and may include educating parents/caregivers about the youth’s behavioral health needs and resiliency factors, teaching parents/caregivers how to navigate services on behalf of the child and how to identify formal and informal services and supports in the communities, including parent support and self-help groups.

6. **Therapeutic mentoring services:** medically necessary services provided to a child, designed to support age-appropriate social functioning or to ameliorate deficits in the child’s age-appropriate social functioning resulting from a DSM diagnosis; provided, however, that such services may include supporting, coaching, and training the child in age-appropriate behaviors, interpersonal communication, problem solving, conflict resolution, and relating appropriately to other children and adolescents and to adults. Such services shall be provided, when indicated, where the child resides, including in the child’s home, a foster home, a therapeutic foster home, or another community setting. Therapeutic mentoring is a skill building service addressing one or more goals on the youth’s behavioral health treatment plan. It may also be delivered in the community, to allow the youth to practice desired skills in appropriate setting.

Under **Related exclusions** remove 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
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:

19-730-047_A2_0620_Part 1
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.
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. 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).

19-730-047_A1_0420
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.