

# “Switching health plans is a big change. Will my scheduled service or procedure change, too?”

Avoid disruption in your scheduled service or procedure with Smooth Switch from Fallon Health.



## Welcome to Fallon Health!

Now that you're a Fallon Health member, we want to do everything we can to make it easy for you to continue getting the care you need—and to start moving forward together with your new health plan.

If you're scheduled for a service or are actively undergoing treatment for a health problem, you already have a lot on your plate. That's why Fallon Health's Care Services Department is here to help take care of the details while you focus on your recovery.

## Surgery and complex conditions

If you or someone on your plan is scheduled for surgery, as an inpatient or an outpatient, we'll need you to give us some information on your upcoming procedure. Tell us your diagnosis, who your doctors are, the date of the surgery, the kind of surgery you're having and where it is to be performed. This way, Care Services can review your case to ensure that your care is coordinated and to get the information they need for authorizations. Just call the number on the back of your Fallon Health member ID card, Monday, Tuesday, Thursday and Friday from 8 a.m. to 6 p.m. and Wednesday from 10:00 a.m. to 6 p.m.

You should also contact us if you or anyone on your plan is receiving ongoing treatment for a complex medical issue, such as cancer, heart disease, an organ transplant or another serious illness. Our Care Services Department will use the information you give us about your providers and treatment to help coordinate the transition of your coverage.

**Care Services for chronic conditions:** Our Case Management program makes dealing with complex acute and/or chronic conditions a little easier. Our Nurse Case Managers work closely with members needing case management. We also offer Disease Management programs with health coaches who work with members who have been diagnosed with asthma, chronic obstructive pulmonary disease (COPD), diabetes or heart disease, to achieve the best health outcomes. If you have been diagnosed with one of these conditions or need help managing your care and would like to participate in these programs, call us. We'll help you get started.

### To do:

- Update my provider with my new member ID card.
- Call Fallon to let them know I'm being treated for a complex or chronic condition and/or that I have surgery or advanced imaging scheduled.
- Ask about care coordination and Care Services programs for my condition.

## Services that require prior authorization

Many health plans require that members and their doctors get advance approval for certain services and procedures. This process is called prior authorization. If your previous health plan required prior authorization for any services or treatments that you are currently receiving, call and let us know. These services may require prior authorization from Fallon. Authorizations you received from your previous health plan do not apply to your new Fallon coverage.

## Advanced imaging procedures (CT, MRI, PET)

If you or anyone on your plan is currently scheduled to undergo an outpatient advanced imaging procedure, such as a CT, MRI or PET scan, call to let us know. This does not apply to X-rays or imaging procedures performed during a hospital stay.

## Prosthetic/orthotic devices, durable medical equipment and home health care

If you or someone on your plan is currently receiving home health care, using prosthetic or orthotic devices or using durable medical equipment (DME)—such as wheelchairs, power operated vehicles, and oxygen and oxygen related equipment—call us. Many of these services do not require Fallon Health prior authorization, but you may need additional assistance to access these services during your transition. And be sure to tell your current provider about your new health coverage and ask him or her to contact us.

## Physical, occupational or speech therapy

If you or someone on your plan is currently receiving physical, occupational or speech therapy, call us. Members are each covered for up to 60 visits combined for physical or occupational therapy per benefit year. Speech therapy does not have a visit limit. Medical necessity determines the actual number of visits covered.

Speech therapy services require prior authorization after 30 visits per benefit year, so be sure to tell your current provider about your new health coverage and ask him or her to contact us. Covered physical or occupational therapy services do not require referral or prior authorization, but do require a written doctor's prescription. In addition, HMO members must see network providers in order for these services to be covered. We can help you find a provider if your current one is not in the network.

[fallonhealth.org](http://fallonhealth.org)



*Program eligibility and benefits may vary by employer, plan and product.*