

Fallon Community Health Plan, Inc.

COMMUNITY CARE AMENDMENTS

- Amendment 5 (eff. 04/01/24)**
- Amendment 4 (eff. 01/01/24)**
- Amendment 3**
- Amendment 2 (eff. 01/01/23)**
- Amendment 1 (eff. 01/01/23)**

Fallon Community Health Plan, Inc.

AMENDMENT 5

This is part of your Community Care
Member Handbook/Evidence of Coverage
Form #22-670-008
Effective April 1, 2024

This amendment changes certain sections of your Community 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 disorder 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, remove the following bullet in the list of services requiring prior authorization:

- Psychological and Neuropsychological testing

Mental health and substance use disorder services

Under **Outpatient services** in the **Mental health and substance use disorder services** section, remove the following bullet from the list of outpatient behavioral health services that require prior authorization:

- Psychological and Neuropsychological Testing

Fallon Community Health Plan, Inc.

AMENDMENT 4

This is part of your Community Care
Member Handbook/Evidence of Coverage
Form #22-670-008
Effective January 1, 2024

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Your *Member Handbook/Evidence of Coverage* has been amended to include information on the following:

1. Expansion of Community Care service area

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

Service area expansion

Under **Community Care service area** section, add the following cities and towns:

Community Care

Amendment 4

Acton	Canton	Foxboro
Adams	Carlisle	Framingham
Allston	Charlestown	Franklin
Arlington	Charlton	Gardner
Arlington Heights	Charlton City	Gilbertville
Asburnham	Charlton Depot	Glendale
Ashby	Chelmsford	Grafton
Ashland	Chelsea	Great Barrington
Ashley Falls	Cherry Valley	Hanscom AFB
Athol	Cheshire	Groton
Auburn	Chester	Hardwick
Auburndale	Chestnut Hill	Harvard
Ayer	Clinton	Hinsdale
Baldwinville	Concord	Holden
Barre	Cummington	Holland
Becket	Dalton	Holliston
Bedford	Dedham	Hopedale
Bellingham	Devens	Hopkinton
Belmont	Douglas	Housatonic
Berkshire	Dover	Hubbardston
Berlin	Dracut	Hudson
Billerica	Drury	Hyde Park
Blackstone	Dudley	Jamaica Plain
Blandford	Dunstable	Jefferson
Bolton	East Boston	Lancaster
Boston	East Brookfield	Lanesboro
Boxborough	East Mansfield	Lee
Boylston	East Otis	Leicester
Brighton	East Princeton	Lenox
Brimfield	East Templeton	Lenox Dale
Brookfield	East Walpole	Leominster
Brookline	Everett	Lexington
Brookline Village	Fayville	Lincoln
Burlington	Fiskdale	Linwood
Cambridge	Fitchburg	Littleton

Community Care

Amendment 4

Lowell	North Oxford	Somerville
Lunenburg	North Reading	South Barre
Malden	North Uxbridge	South Grafton
Manchaug	North Waltham	South Lancaster
Mansfield	Northborough	South Walpole
Marlborough	Northbridge	Southborough
Mattapan	Norwood	Southbridge
Maynard	Nutting Lake	Southfield
Medfield	Oakdale	Spencer
Medway	Oakham	Sterling
Melrose	Otis	Still River
Mendon	Oxford	Stockbridge
Milford	Paxton	Stoneham
Mill River	Pepperell	Stoughton
Millbury	Petersham	Stow
Millis	Pinehurst	Sturbridge
Millville	Princeton	Sudbury
Monterey	Pittsfield	Sutton
Natick	Reading	Templeton
Needham	Readville	Tewksbury
Needham Heights	Rever	Townsend
New Braintree	Richmond	Tyngsboro
Newton	Rochdale	Tyringham
Newton Center	Roslindale	Upton
Newton Highlands	Rowe	Uxbridge
Newton Lower Falls	Royalston	Village of Nagog Woods
Newtonville	Rutland	Waban
Nonantum	Sandisfield	Wakefield
Norfolk	Savoy	Walpole
North Adams	Sharon	Waltham
North Billerica	Sheffield	Ware
North Brookfield	Sheldonville	Warren
North Chelmsford	Sherborn	Watertown
North Egremont	Shirley	Waverly
North Grafton	Shrewsbury	Wayland

Community Care

Amendment 4

Webster

West Boylston

West Brookfield

West Groton

West Medford

West Millbury

West Newton

West Roxbury

West Stockbridge

West Warren

West Townsend

Wellesley

Wellesley Hills

Westborough

Westford

Westminster

Weston

Westwood

Wheelwright

Whitinsville

Williamstown

Wilmington

Winchendon

Winchendon Springs

Winchester

Windsor

Winthrop

Woburn

Woodville

Worcester

Wrentham

Fallon Community Health Plan, Inc.

AMENDMENT 3

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Your *Member Handbook/Evidence of Coverage* has been amended to include information on the following:

1. Inquiries, appeals and grievances
2. Prescription medication
3. Wellness

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

Inquiries, appeals and grievances

Effective immediately the following change applies:

Under **Filing an appeal: internal appeal review** in the **Inquiries, appeals and grievances** section, replace the second paragraph with the following:

If you send us a written or electronic appeal, we will acknowledge your request in writing within 15 calendar days from the date we receive the request, unless you and the plan both agree in writing to waive or extend this time period. We will put an oral appeal made by you or your authorized representative in writing and send the written statement to you or your authorized representative within 48 hours of the time that we talked to you, unless you and the plan both agree in writing to waive or extend this time period.

Prescription medication

Effective October 1, 2023, the following change applies:

Under **Step therapy** in the **Prescription medication** section add the following:

In accordance with Massachusetts state law, Fallon has a Step Therapy Exception process, as well as a Step Therapy Continuity of Care process for new members already on a medication for which Fallon requires Step therapy. See “**Step Therapy Exception Request and Continuity of Care**” section below for more detail.

Under **Generic brand-name drugs**, change title to Generic, brand-name, biological and biosimilar drugs and add the following to the end of section:

Since biological products are more complex than typical drugs, instead of having a generic form, they have alternatives that are called biosimilars. Generally, generics and biosimilars work just as well as the brand name drug or biological product and usually cost less. There are generic drug substitutes or biosimilar alternatives available for many brand name drugs and some biological products.

After **Special Medical Formulas**, add the following new section:

Step Therapy Exception Request and Continuity of Care

For medications that are restricted through the use of a step therapy protocol, a member and their prescribing health care provider may request an exception to the step therapy protocol. To qualify for an exception, one of the following conditions must be met: (i) the prescription drug required under the step therapy protocol is contraindicated or will likely cause an adverse reaction in or physical or mental harm to the member; (ii) the prescription drug required under the step therapy protocol is expected to be ineffective based on the known clinical characteristics of the member and the known characteristics of the prescription drug regimen; (iii) the member or prescribing health care provider: (A) has provided documentation to Fallon establishing that the member has previously tried the prescription drug required under the step therapy protocol, or another prescription drug in the same pharmacologic class or with the same mechanism of action, while covered by Fallon or by a previous health insurance carrier or a health benefit plan; and (B) such prescription drug was discontinued due to lack of efficacy or effectiveness, diminished effect or an adverse event; (iv) the member or prescribing health care provider has provided documentation to Fallon establishing that the member: (A) is stable on a prescription drug prescribed by the health care provider; and (B) switching drugs will likely cause an adverse reaction in or physical or mental harm to the member.

Step therapy exception requests will be reviewed and granted or denied within 3 business days of receiving all necessary information to establish the medical necessity of the prescribed treatment. If additional delay would result in significant risk to the member's health or well-being, Fallon will respond within 24 hours of receiving all necessary information.

Step therapy exception requests are submitted to the same phone/fax/address as a PA request. Please refer to <https://fallonhealth.org> for more information.

If a step therapy exception request is approved, please refer to the Fallon formulary at <https://fallonhealth.org> to determine the applicable cost share. If a step therapy request is denied, the denial can be appealed. (For information on filing an appeal, see **Inquiries, appeals and grievances.**)

Fallon also has a step therapy medication continuity of care (or transition) policy for new members. Fallon will allow a 30-day supply of step therapy medication for newly enrolled members within the first 30 days of their enrollment. This will ensure that the enrollee does not experience any delay in accessing the drug prescribed by their health care provider, including a drug administered by infusion, while the exception request is being reviewed. After this transition period, if an exception is not granted, the appropriate step requirements will need to be met.

Wellness

Effective January 1, 2024, the following change applies:

Under **Fitness and Weight Loss Essential Health Benefits (EHBs)** in the **Description of benefits** section, replace the first bullet with the following:

- One WW® WeightWatchers monthly pass reimbursement per subscriber for 3 months for a qualified WW® WeightWatchers program. Subscriber must be a Fallon Health member for 3 months or longer. For more information, visit www.fallonhealth.org/en/members/commercial/health-wellness/discounts/Weight-Watchers-discount.

Under **It Fits!**, replace entire section with the following:

It Fits!

- It Fits! reimburses eligible Fallon Health members for participating in a variety of healthy activities: membership at local fitness centers, home fitness equipment, aerobics, Pilates and yoga classes when taught by a certified instructor, monthly pass for qualified weight loss programs, and local town and school sports programs for all ages when they include an aerobic and instructional component. Aerobic activities for the whole family include: baseball, softball, soccer, football, dance classes, ski lessons, golf lessons, swimming lessons, tennis and sports camps.

For more information about our fitness reimbursement program call member services or visit www.fallonhealth.org/en/members/commercial/health-wellness/It-Fits-fitness-reimbursement.

Fallon Community Health Plan, Inc.

AMENDMENT 2

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Your *Member Handbook/Evidence of Coverage* has been amended to include information on the following:

1. Involuntary cancellation rate
2. Abortion services
3. Mental health and substance use services
4. Prescription medication

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

2022 Disenrollment rates

Under **Involuntary cancellation rate** in the **Leaving Fallon** section, replace entire paragraph with the following:

For the calendar year 2022, 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 2022, Fallon's voluntary disenrollment rate was 0.08%.

Abortion services

In the **Description of benefits** add the following new section:

Abortion services

The plan covers benefits for abortion and abortion related services when they are provided in conjunction with a payable abortion procedure consistent with Massachusetts state law. Abortion is defined as any medical treatment intended to induce the termination of, or terminate, a clinically diagnosable pregnancy except for the purpose of producing a live birth. Abortion and abortion related services do not require referral or prior authorization when received from a plan provider except for hospital inpatient service (See **Obtaining specialty care and services** for more information on referral and prior authorization).

Under Massachusetts state law, a physician, physician assistant, nurse practitioner or nurse midwife may perform an abortion consistent with the scope of their practice and license if, in their best medical judgment, the pregnancy has existed for less than 24 weeks. If a pregnancy has existed for 24 weeks or more, no abortion may be performed except by a physician, and only if in the best medical judgement of the physician it is: (i) necessary to preserve the life of the patient; (ii) necessary to preserve the patient's physical or mental health; (iii) warranted because of a lethal fetal anomaly or diagnosis; or (iv) warranted because of a grave fetal diagnosis that indicates that the fetus is incompatible with sustained life outside of the uterus without extraordinary medical interventions.

Covered services

1. Abortions intended to induce the termination of, or to terminate, a clinically diagnosable pregnancy

2. Pre-operative/abortion evaluation and examination
3. Pre-operative counseling
4. Laboratory services, including pregnancy testing, blood type, and RH factor
5. Rh (D) immune globulin (human)
6. Anesthesia (general or local).
7. Post-operative/abortion care and follow-up.
8. Advice on contraception or referral to family planning services.
9. Ultrasounds

Related exclusions (please see **General exclusions and limitations** for additional limitations)

1. Abortion services for pregnancies existing for 24 weeks or more, unless provided by a physician and determined to be medically necessary.

Mental health and substance use services

In the **Mental health and substance use services** section, replace the first paragraph with the following:

The plan covers the diagnosis and treatment of mental health and substance use disorder conditions on an outpatient and inpatient basis. A mental health and substance use disorder condition is defined as a condition that is described in the most recent edition of the *Diagnostic and Statistical Manual of Mental Disorders* published by the American Psychiatric Association and that is determined as such by a plan provider and the plan. The level of care needed is authorized by a plan provider. Treatment may be provided by a psychiatrist, psychologist, psychotherapist, licensed nurse, mental health clinical specialist, licensed independent clinical social worker, mental health counselor, pediatric specialist, certified alcohol and drug abuse counselor, marriage and family

therapist, a clinician practicing under the supervision of a licensed professional and working towards licensure in a clinic licensed under chapter 111, or other provider as authorized by the plan.

Under **Outpatient services**, after the first paragraph add the following:

Psychiatric Collaborative Care Model

Coverage provided for mental health or substance use disorder services that are delivered through the Psychiatric Collaborative Care Model. Psychiatric collaborative care model means an evidence-based, integrated behavioral health service delivery method in which a primary care team consisting of a primary care provider and a care manager provides structured care management to a patient, and that works in collaboration with a psychiatric consultant that provides regular consultations to the primary care team to review the clinical status and care of patients and to make recommendations.

Under **Covered services** add the following:

4. Annual mental health wellness exam with a licensed mental health professional or primary care provider, once in each 12-month period. Mental health wellness examination is a screening or assessment that seeks to identify any behavioral or mental health needs and appropriate resources for treatment. The examination may include: observation, a behavioral health screening, education and consultation on healthy life style changes, referrals to ongoing treatment, mental health services and other necessary supports, and discussion of potential options for medication; and age-appropriate screenings or observations to understand a covered person's mental health history, personal history and mental or cognitive state and, when appropriate, relevant adult input through screenings, interviews and questions.

Prescription medication

In the **Prescription medication** section, after **Exception Request for Contraceptives** section add the following:

Medication-based abortion

Mifepristone and misoprostol are covered with no cost-sharing, utilization management may apply.

Fallon Community Health Plan, Inc.

AMENDMENT 1

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Your *Member Handbook/Evidence of Coverage* has been amended to include information on the following:

1. Inquiries, appeals and grievances
2. Durable medical equipment and prosthetic/orthotic devices
3. Maternity Services
4. Mental health and substance use services

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

In the **Inquiries, appeals and grievances** section, under **Expedited review for terminally ill members**, replace the entire section with the following:

You can request an expedited review of your appeal. A determination will be provided to you within two business days from receipt of your appeal request and will include

the specific medical and scientific reasons for denying coverage or treatment, along with information on any covered alternative treatments, services or supplies.

If your request for coverage or treatment is denied, you may request a conference with Fallon Health. If the conference results in a final adverse determination, you may request an expedited external review through the Office of Patient Protection. If your appeal involves the termination of ongoing coverage or treatment, this coverage or treatment will continue at the plan's expense until we complete our review, regardless of the final decision.

In the **Durable medical equipment and prosthetic/orthotic devices** section, under **Durable medical equipment includes, but is not limited to, such items as:**, replace bullet number 7 with the following:

- Breast pumps (including related replacement parts) and breast milk storage bags

In the **Maternity Services** section, under **Covered services**, replace bullet number 4 with the following:

4. Lactation support and counseling services provided by a certified lactation counselor. For a listing of certified lactation counselors visit zipmilk.org. Eligible members will receive a breast pump through the Oh Baby! program. Please contact Customer Service at 1-800-868-5200 (TRS 711), or visit the Fallon website fallonhealth.org, for more information.

In the **Mental health and substance use services** section, under **Inpatient services** replace the first paragraph with the following:

The plan covers mental health services in an inpatient setting. To access services call 1-888-421-8861 (TDD/TTY: 1-781-994-7660). Prior authorization will not be

required for behavioral health inpatient admissions after treatment in an emergency department. Additionally, prior authorization also will not be required for inpatient substance use disorder services in any circumstances where this is not allowed by Massachusetts state law, including acute treatment services and clinical stabilization services for up to 14 consecutive days.

Under **Intermediate services for children and adolescents**, replace numbers 1 and 2 with the following:

1. Community-based acute treatment (CBAT): provided in a staff-secure setting on a 24-hour basis to provide intensive therapeutic services including, but not limited to daily medication monitoring; psychiatric assessment; nursing availability; specializing (as needed); individual, group and family therapy; case management; family assessment and consultation; discharge planning; and psychological testing, as needed. Prior authorization not required.
2. Intensive community-based treatment (ICBAT): providing the same services as CBAT but for higher intensity-including more frequent psychiatric and psychopharmacological evaluation and treatment and more intensive staffing and service delivery. Prior authorization not required.