

## AMENDMENT 03-2009

This is an Amendment to your Health New England, Inc. Explanation of Coverage (EOC). Please keep this Amendment with your EOC as it changes the terms of that EOC. Any language in the EOC that is inconsistent with the terms of this Amendment no longer applies. This Amendment is effective on July 1, 2009, unless noted below.

The EOC is amended as follows:

| <b>Benefit, Program or Requirement</b>  | <b>Description</b>   |
|---|--|
| <b>Mental Health and Substance Abuse Services</b>   | <p>The following conditions are added to the list of biologically based mental disorders:</p> <ul style="list-style-type: none"> <li>• Eating disorders</li> <li>• Post traumatic stress disorder</li> <li>• Substance abuse disorders</li> <li>• Autism</li> </ul> <p>There are no visit limits on medically necessary services for these conditions.</p>   |
| <b>Choosing your primary care physician (PCP)</b>   | <p>A PCP may be a doctor or participating nurse practitioner of internal medicine, family practice, general practice, or pediatrics.</p>   |
| <b>Services and Procedures that require Prior Approval</b>  | <p>HNE requires Prior Approval for sleep studies and related testing and treatments, including continuous positive airway pressure (CPAP).</p>   |
| <b>Durable Medical Equipment, Prosthetic Equipment, and Medical and Surgical Supplies</b>                           | <p>HNE has added the following to the list of items that requires Prior Approval:</p> <ul style="list-style-type: none"> <li>• Continuous Positive Airway Pressure (CPAP) device</li> <li>• Automatic CPAP (APAP) device</li> <li>• Bi-Level Positive Airways Pressure (BIPAP) device</li> </ul>   |
| <b>Exclusions and Limitations</b>   | <p>HNE does not cover the following services:</p> <ul style="list-style-type: none"> <li>• Cardiac Rehabilitation Phase IV. Phase IV begins following completion of Phase III and is designed to maintain the patient's rehabilitated cardiovascular health.</li> <li>• Pulmonary Rehabilitation Phase III exercise maintenance program.</li> </ul>  |
| <b>Medicare Secondary Payer Mandatory Reporting Law</b>   | <p>HNE is required to provide the Centers for Medicare and Medicaid Services (CMS) with information about your group health plan and its covered members. CMS is requiring this information to coordinate Medicare benefits and payments. To comply with the CMS requirements, please provide Social Security Numbers for yourself and your covered dependents upon request.</p>   |
| <b>Special Enrollment Rights Under the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA)</b> | <p>You and your eligible Dependents may enroll in the Plan at a later date if you meet any of the following conditions:</p> <ul style="list-style-type: none"> <li>• You or your Dependent were covered under a Medicaid plan or state child health plan and that coverage terminated due to a loss of eligibility; or</li> <li>• You or your Dependent become eligible for assistance from a Medicaid plan or state child health plan, with respect to coverage under the Plan.</li> </ul> <p>In both cases, you must request special enrollment within 60 days of the loss of Medicaid/CHIP or of the eligibility determination.</p> |

If you have questions, please call HNE Member Services at 413-787-4004 or 800-310-2835, Monday – Friday, 8 a.m. – 5 p.m. or visit [hne.com](http://hne.com)

## ***Prescription Drug Coverage***

*Prescription drug coverage is offered as a rider to the standard benefit Plan. Please disregard the following sections if your HNE Plan does not include a prescription drug benefit.*

**Note: Some changes may be different if your Plan has the HNE Performance Formulary. To find out which Formulary your Plan has, check your Explanation of Coverage or contact HNE Member Services.**

Note: Tier 1 – lowest copay; Tier 2 – mid copay level; Tier 3 – highest copay level

### **Tier Assignments**

The following Prescription Drugs are changing Copay Tier Assignment

| Drug Name             | For Employers who have chosen the HNE Formulary RX benefit, this drug is changing from: | For Employers who have chosen the HNE Performance Formulary RX benefit, this drug is changing from: |
|-----------------------|---|---|
| Lexapro <sup>®</sup>  | Tier 2 to Tier 3  | No change   |
| Triglide <sup>®</sup> | Tier 2 to Tier 3  | No change   |

### **Drug Specific Coverage Limitations**

**HNE limits the coverage of specific drugs to control costs and ensure safe and effective use. HNE may place limits on the quantity of a drug covered, the amount that can be obtained for each Copayment, or the medical conditions for which a covered drug may be prescribed.**

### ***Prior Approval***

HNE requires Prior Approval for the following drugs:

- Cimzia<sup>®</sup>
- Reclast<sup>®</sup>
- Relistor<sup>®</sup>

### ***Prescription Drug Limitations***

Shift work sleep disorders (SWSD) and obstructive sleep apnea/hypopnea syndrome are added to the list of covered diagnoses for Provigil<sup>®</sup>. HNE has revised the EOC as follows:

Provigil<sup>®</sup> will not be covered except when prescribed to treat narcolepsy, fatigue from multiple sclerosis, shift work sleep disorders (SWSD), or obstructive sleep apnea/hypopnea syndrome.

### ***Prescription Drug Quantity Limitations***

| Drug Name  | Quantity Limit                     |
|--|------------------------------------|
| Lyrica <sup>®</sup> 225mg and 300mg                      | 90 capsules for each 30-day supply |
| Lyrica <sup>®</sup> all strengths except 225mg and 300mg | 60 capsules for each 30-day supply |

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### **Step Therapy:**

For HNE to cover the Step Therapy drugs listed here, you first must try one of the corresponding First Line drugs. If HNE has paid a claim for the First Line drug within the previous 180 days, then you are eligible for coverage of the Step Therapy drug.

*The use of samples does not satisfy the requirements of documented usage of a First Line drug or medical necessity for a Step Therapy drug.*

If it is medically necessary for you to use a Step Therapy drug before trying a First Line drug, then your doctor can contact HNE to request a medical review.

### **THERAPEUTIC CLASS: Byetta Step Therapy**

|                               | <b>First Line Drug(s):</b>   | HNE Formulary | HNE Performance Formulary |
|-------------------------------|------------------------------|---------------|---------------------------|
| <b>You must try:</b>          | Metformin <sup>®</sup>       | Tier 1        | Tier 1                    |
|                               | <b>Step Therapy Drug(s):</b> | HNE Formulary | HNE Performance Formulary |
| <b>Before HNE will cover:</b> | Byetta <sup>®</sup>          | Tier 2        | Tier 2                    |

### **THERAPEUTIC CLASS: Opioid Step Therapy**

|                               | <b>First Line Drug(s):</b>   | HNE Formulary | HNE Performance Formulary |
|-------------------------------|------------------------------|---------------|---------------------------|
| <b>You must try:</b>          | Morphine                     | Tier 1        | Tier 1                    |
|                               | <b>Step Therapy Drug(s):</b> | HNE Formulary | HNE Performance Formulary |
| <b>Before HNE will cover:</b> | Avinza <sup>®</sup>          | Tier 3        | Tier 3                    |
|                               | Kadian <sup>®</sup>          | Tier 3        | Tier 3                    |
|                               | MS Contin <sup>®</sup>       | Tier 3        | Tier 3                    |
|                               | Opana <sup>®</sup>           | Tier 3        | Tier 3                    |
|                               | Oxycontin <sup>®</sup>       | Tier 2        | Tier 2                    |

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| Benefit, Program or Requirement             | Description   |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |
|---|---|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| <p><b>Global Surgical Copay Process</b></p> | <p>The “global period” is the number of days during which all necessary services normally furnished by a physician (before, during, and after the procedure) are included in the reimbursement for the procedure performed.</p> <p>It is HNE’s policy that visits related to the physician or covering physician that are rendered within the global period and related to the operation itself are considered part of the “global procedure” and are bundled into the total surgical package. In the past, it has been HNE’s policy to allow surgeons to collect a copay for office visits within the global surgical period. Effective July 1, 2009, it will be HNE’s policy to allow for <b>one copay per physician/physician practice and one copay per outpatient facility to be taken within the global period for the procedure performed.</b></p>   |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |
| <p><b>HNE Vaccine Policy</b></p>            | <p><b>State Supplied Vaccines in general:</b></p> <ul style="list-style-type: none"> <li>• <b><u>NOT COVERED.</u> The provider is expected to get State supplied vaccines from the State.</b></li> <li>• HNE expects providers to give the State supplied vaccines on the approved schedule (CDC and AAP).</li> <li>• The State supplied vaccine codes are those listed below, as well as any CPT codes or HCPCS codes for State supplied vaccines as defined by the Massachusetts Department of Public Health:</li> </ul> <table data-bbox="678 1192 1323 1318"> <tbody> <tr> <td><b>90633</b></td> <td><b>90700</b></td> <td><b>90713</b></td> <td><b>90723</b></td> </tr> <tr> <td><b>90645</b></td> <td><b>90702</b></td> <td><b>90715</b></td> <td><b>90732</b></td> </tr> <tr> <td><b>90669</b></td> <td><b>90707</b></td> <td><b>90716</b></td> <td><b>90733</b></td> </tr> <tr> <td><b>90680</b></td> <td><b>90710</b></td> <td><b>90718</b></td> <td><b>90734</b></td> </tr> </tbody> </table> <p><b>Other Vaccines:</b><br/>HNE will cover non-State supplied vaccines for HNE members in the following circumstances:</p> <ul style="list-style-type: none"> <li>• The physician must bill for the vaccine using the appropriate J-code or CPT code (this allows vaccines to be considered a preventive service for High Deductible Health Plans).</li> <li>• The physician may purchase the vaccine through any supplier (<b>as long as it is not State-supplied</b>).</li> <li>• HNE will reimburse the physician using the HNE fee schedule, which is based on Average Wholesale Price (AWP) and is updated quarterly.</li> </ul> | <b>90633</b> | <b>90700</b> | <b>90713</b> | <b>90723</b> | <b>90645</b> | <b>90702</b> | <b>90715</b> | <b>90732</b> | <b>90669</b> | <b>90707</b> | <b>90716</b> | <b>90733</b> | <b>90680</b> | <b>90710</b> | <b>90718</b> | <b>90734</b> |
| <b>90633</b>                                | <b>90700</b>  | <b>90713</b> | <b>90723</b> |              |              |              |              |              |              |              |              |              |              |              |              |              |              |
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| <b>Benefit, Program or Requirement</b>                 | <b>Description</b>  |
|--|---|
| <b>McKesson's InterQual criteria will replace MCAP</b> | <p>All managed care organizations are required to have written criteria based on medical evidence to evaluate the necessity for both medical and behavioral health services. To fulfill this requirement, HNE previously used MCAP commercially purchased criteria. As of April 11, 2009, HNE replaced MCAP with McKesson's InterQual criteria. InterQual criteria sets are delineated by level of care and body systems.</p> <p>HNE has purchased InterQual level of care criteria for:</p> <ul style="list-style-type: none"> <li>• Acute Hospital</li> <li>• Rehabilitation/Skilled Nursing Facility</li> <li>• Sub-Acute care</li> <li>• Home Care</li> <li>• Behavioral Health care for: <ul style="list-style-type: none"> <li>○ Children</li> <li>○ Adolescents</li> <li>○ Adults</li> <li>○ Geriatric services</li> <li>○ Residential services</li> <li>○ Chemical Dependency services</li> </ul> </li> </ul> |
| <b>Screening for Abdominal Aortic Aneurysm (AAA)</b>   | <p>HNE covers a one-time screening for abdominal aortic aneurysm (AAA) by ultrasonography for men aged 65-75.</p> <ul style="list-style-type: none"> <li>• No Prior Authorization required</li> <li>• Males age 65-75 years old</li> <li>• One screening per lifetime</li> </ul>  |