



FULLY FUNDED PLANS ONLY

April 20, 2018

RE: Semi-Annual Notice of Changes

Dear Employers and Brokers:

As part of our commitment to provide affordable access to high quality health care, we continually review the benefits and services offered to our members. As a result, from time to time, we update the coverage we provide and change the way that coverage is administered. We then notify our subscribers and their employers, our brokers, and our contracted providers of these changes.

We have attached a copy of an amendment to the Health New England Explanation of Coverage. We will notify our subscribers of this amendment with the next edition of our member newsletter. If you have any questions, please call us at (413) 233-3535.

Sincerely,

A handwritten signature in black ink that reads "Liane Comeau". The signature is written in a cursive, flowing style.

Liane Comeau
Sales Manager

Health New England complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Health New England cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. Health New England cumpre as leis de direitos civis federais aplicáveis e não exerce discriminação com base na raça, cor, nacionalidade, idade, deficiência ou sexo.

You have the right to get help and information in your language at no cost. To request an interpreter, call the toll-free member phone number listed on your health plan ID card, press 0 (TTY: 711). Tiene derecho a recibir ayuda e información en su idioma sin costo. Para solicitar un intérprete, llame al número de teléfono gratuito para miembros que se encuentra en su tarjeta de identificación del plan de salud y presione 0 (TTY: 711). Você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para solicitar um intérprete, ligue para o número de telefone gratuito que consta no cartão de ID do seu plano de saúde, pressione 0 (TTY: 711).



AMENDMENT 02-2018

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 does not follow the terms of this Amendment no longer applies. This Amendment is effective July 1, 2018, unless noted below.

The EOC is amended as shown below.

Benefit, Program, or Requirement	Description
<p>Prior Approval items listed under the benefit for Durable Medical Equipment (DME)</p>	<p>Section 3 – Covered Benefits – Diabetic Related Items – Durable Medical Equipment (DME)</p> <p>Prior Approval is required for all DME.</p> <p>Section 3 – Covered Benefits – Durable Medical Equipment, Prosthetic Equipment, and Medical and Surgical Supplies</p> <p>The following <i>replaces</i> the list of items for which you must have Prior Approval from Health New England.</p> <p>You must have Prior Approval for <i>all covered</i>:</p> <ul style="list-style-type: none"> • Durable Medical Equipment (DME) • Hearing aids • Medical supplies • Orthotics • Oxygen and related supplies • Prosthetics (including wigs worn for hair loss due to treatment of cancer or leukemia) <p>The In-Plan Provider who supplies these items is responsible for obtaining the Prior Approval.</p> <p>Prior Approval is not required for items you receive in:</p> <ul style="list-style-type: none"> • A hospital • A rehab facility • An outpatient surgical center <p>Section 5 – Claims and Utilization Management Procedures – Services and Procedures that Require Prior Approval</p> <p>The following are <i>added</i> to the list of items that require Prior Approval.</p> <ul style="list-style-type: none"> • Durable Medical Equipment (DME) • Medical supplies • Oxygen and related supplies • Prosthetics (including wigs worn for hair loss due to treatment of cancer or leukemia) <p>Effective: July 1, 2018</p>

Benefit, Program, or Requirement	Description
<p>Assignment of a Primary Care Provider (PCP) (Applies to HMO and POS plans only.)</p>	<p>Section 14 – Continued Treatment (Transitional Care)</p> <p>Under the heading “Provider Disenrollment and Continuation of Coverage Requirements” the text for “If your Primary Care Provider (PCP) leaves HNE” is replaced with the text below.</p> <ul style="list-style-type: none"> • If your Primary Care Provider (PCP) leaves HNE. HNE will notify you at least 30 days before your PCP leaves HNE. HNE will permit you to continue to see your PCP for a period of 30 days after your PCP leaves HNE. HNE will also allow a Member who is in active treatment for a chronic or acute condition to continue to see his or her PCP: <ul style="list-style-type: none"> • Through the current period of active treatment, or • Up to 90 days after the PCP leaves HNE, whichever is shorter <p>You will not be allowed to continue to see your PCP if your PCP leaves HNE for reasons related to quality or for fraud.</p> <p>It is important for you to have a PCP to help ensure you have access to care. If your PCP leaves HNE, HNE will assign a PCP for you. We will send you a letter to notify you of your new PCP. If you wish to change your PCP, you can do so by following one of these simple steps:</p> <ul style="list-style-type: none"> • Go to our secure online portal at my.healthnewengland.org. Login or register as a Member. You will be able to search our provider directory and select a new PCP online. • Call Member Services at (413) 787-4004 or (800) 310-2835, Monday – Friday, 8:00 a.m. to 6: p.m. Our representatives can provide up-to-date information on PCPs in your area who are accepting new patients. They can also answer any other questions you may have. <p>Clarification</p>
<p>Additional items that qualify for Health New England’s Wellness Reimbursement Program</p>	<p>Section 3 – Special Programs and Discounts</p> <p>The items listed below are added to the items that qualify for reimbursement under Health England’s Wellness Program.</p> <ul style="list-style-type: none"> • Golf (Lessons and rounds of golf. Not included are: golf clubs, food/drink and golf carts.) • Ski tickets • Fitness equipment (for example treadmills, workout videos) • Nutrition classes • Mindfulness classes • Community Supported Agriculture (Farm Shares): Farms offering CSA shares of vegetables, fruits and various other agricultural products can be found across the state. Find a CSA farm that works for you at massnrc.org/farmlocator/map.aspx?type=csa. <p>Effective April 1, 2018</p>

Benefit, Program, or Requirement	Description
<p>Services Not Covered - Clarification</p>	<p>Section 4 – Exclusions and Limitations</p> <p>The item below is added the list of items not covered by Health New England.</p> <ul style="list-style-type: none"> • Ultraviolet lights and cabinets <p>Clarification</p>
<p>Enhanced program for the safe use of opioid medications</p>	<p>Health New England is introducing an enhanced program for the safe use of opioid medications. The program will cover both long acting and short acting drugs. Examples of long acting drugs are OxyContin and morphine extended release. Examples of short acting drugs are oxycodone and hydrocodone with acetaminophen. We will require Prior Approval for some of these drugs. The program also includes limits to the maximum day supply of a drug allowed within a period of time.</p> <p>Effective July 1, 2018 or after</p>
<p>Online access to pharmacy information through OptumRx (Health New England’s pharmacy benefits manager)</p>	<p>Coming Soon: OptumRx, Health New England’s pharmacy benefits manager is releasing an easy-to-use, redesigned online portal for members in the coming weeks. The first time you log in, you will be asked to re-register using a simple 3 step process. After that, your login information will be saved and you will only need a single sign-on.</p> <p>Visit the OptumRx portal via MyHNE secure member portal at healthnewengland.org. You can learn more about your pharmacy benefits, and access features like claim details, mail order, refill reminders, drug pricing, pharmacy search and much more.</p>

Prescription Drug Coverage

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

Step Therapy Drug changes effective July 1, 2018

For Health New England (HNE) to cover the Step Therapy drugs listed here, you first must try the corresponding First Line drugs. If HNE has paid a claim for the First Line drug within the previous 180 or 360 days (depending on the First Line drug), 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.

All new Step therapy requirements apply only to new prescriptions.

You must try:	First line Drug(s):	<ul style="list-style-type: none"> • selegiline
Before HNE will cover:	Step Therapy Drug(s)	<ul style="list-style-type: none"> • rasagiline
You must try:	First line Drug(s):	Two of the following: <ul style="list-style-type: none"> • TCAs, SSRIs, SNRIs, NSAIDs or Opioids
Before HNE will cover:	Step Therapy Drug(s)	<ul style="list-style-type: none"> • Lidocaine patches

Tier Changes Effective July 1, 2018

Drug Name	Tier before 7/1/18	Tier on or after 7/1/18
<ul style="list-style-type: none"> • Linzess 	Tier 2	Tier 3

Quantity Limit Additions

Starting July 1, 2018, Health New England will add Quantity Limits to the drugs listed below.

Drug Name	Quantity Limit per 30 day supply (unless otherwise specified)
<ul style="list-style-type: none"> • Methylphenidate ER capsules • Ritalin LA 10mg 	30 tablets/capsules
<ul style="list-style-type: none"> • Briviact 	10mg, 25mg, 50mg, 75mg: 90 tablets 100mg: 60 tablets
<ul style="list-style-type: none"> • Lidocaine patches 	60 patches

New Prior Authorizations (PA) Required Effective July 1, 2018

<ul style="list-style-type: none"> • Makena • Supprelin LA 	<i>Prior Authorization thru MagellanRX</i>
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Prescription Drug Coverage

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

**Effective July 1, 2018, the Following Medications Are Not Covered
See Below for Covered Formulary Alternatives**

- **Dyanavel XR susp.** *Alternative is Quillivant XR susp*
- **Evekeo.** *Alternative is Amphetamine salt combination tablets*
- **Kristalose.** *Alternative is Lactulose*
- **Methamphetamine tablets.** *Alternative is Amphetamine salt combination tablets*
- **Nexium granules.** *Alternative is First Lansoprazole*
- **Protonix pak.** *Alternative is First Lansoprazole*
- **Silenor.** *Alternative is Zolpidem*

Plan Exclusions Effective July 1, 2018

- **Kerydin**
- **VP-Zel**

