Health New England

FULLY FUNDED PLANS ONLY

October 14, 2021

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,

Michael Gauvin
Sales Manager

Encl: Amendment 01-2022

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).

Health New England

AMENDMENT 01-2022

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 January 1, 2022, unless noted below.

The EOC is amended as shown below.

Benefit, Program, or Requirement	Description

Emergency Care	**Health New England (HNE) covers Emergency Care in accordance with the provisions of the federal "No Surprises Act."**
	
	• HNE covers Emergency Care in an Emergency Room with no Prior Approval. This includes care by In-Plan and Out-of-Plan providers.
	• Emergency care includes post-stabilization services unless:
	  • The member is medically able to be transferred to an In-Plan provider.
	  • The provider has met the notice requirement of the "No Surprises Act" and the member has consented to waiving balance billing protections.
	• Out-of-Plan Emergency Care is covered as if provided In-Plan.
	  • Utilization management will be the same for In-Plan and Out-of-Plan services.
	  • In-Plan member cost sharing will apply to both In-Plan and Out-of-Plan services.
	• Member cost sharing counts toward the In-Plan deductible (if the plan has one) and the In-Plan Out-of-Pocket Maximum.
	• An Out-of-Plan provider may not bill you more than your In-Plan Cost Sharing amount, which must be a recognized amount. Under the "No Surprises Act," a recognized amount is either the amount specified by state law or a qualifying amount based on a historic amount.
	
	Effective January 1, 2022

Benefit, Program, or Requirement	Description
Balance billing by Out-of-Plan Providers	**The federal "No Surprises Act"** creates a process which providers must follow in order to balance bill. Balance billing is when the provider bills for the difference between the provider's charge and the allowed amount. The allowed amount is the maximum amount on which payment is based for covered services. This process is the "notice and consent" process. An Out-of-Plan provider must notify a patient of its Out-of-Plan status and get written consent from the patient to receive the Out-of-Plan services. Before obtaining written consent, the provider must first advise the patient of the right not to be balance billed. The "notice and consent" process is **not** available for the following: • Emergency services • Certain ancillary services (emergency medicine, anesthesiology, pathology, radiology, neonatology, and diagnostic services including radiology and lab services) • Items and services due to unforeseen urgent medical need during a procedure for which notice and consent has previously been obtained • Any situation where there is no In-Plan provider available at the In-Plan facility to provide the service Violations of this balance billing protection can be reported to the Massachusetts Division of Insurance (DOI). You can submit a complaint at this website: https://www.mass.gov/how-to/filing-an-insurance-complaint. Or you may call (617) 521-7794. **Effective January 1, 2022**

Benefit, Program, or Requirement	Description
Provider directories	**Section 1 – Introduction – About Health New England (HNE)** The following is removed from the EOC: HNE updates the Plan Provider Directory each year. We may update it during the year, too. Providers are free to join or leave the network at any time. Some In-Plan Providers may have left or joined the HNE network since the last Directory was printed. Please call us or go to healthnewengland.org for the most up-to-date list of In-Plan Providers. The HNE website is updated weekly. HNE cannot guarantee that any provider or group of providers will continue to be In-Plan Providers. It is replaced with: HNE updates its paper plan provider directory each month. HNE's website provider directory is updated as required by federal guidelines. Providers are free to join or leave the network at any time. HNE cannot guarantee that any provider or group of providers will continue to be In-Plan Providers. Some In-Plan Providers may have left or joined the HNE network since the last directory was printed. For the most up-to-date list of In-Plan Providers go to healthnewengland.org. Or you can call Member Services. A Member Services representative will respond to your question within one business day. If you choose a provider based on information from HNE that is shown to be inaccurate, you will only have to pay In-Plan Cost Sharing. If you believe your choice of provider was based on inaccurate information, you can file a complaint with the Massachusetts Division of Insurance (DOI). You can submit a complaint at this website: https://www.mass.gov/how-to/filing-an-insurance-complaint. Or you may call (617) 521-7794. **Effective January 1, 2022**
Colorectal cancer screening	**Section 3 – Covered Benefits – Preventive Care** Colorectal cancer screenings will be covered for members starting at age 45. **Effective January 1, 2022**

Benefit, Program, or Requirement	Description
Telehealth services	**Section 3 – Covered Benefits – Telehealth Services for:** • **Outpatient Care** • **Behavioral Health and Substance Abuse Disorder** The following replaces the text for "Other Telehealth Services." **Services Delivered via Telehealth** HNE covers certain services delivered via telehealth. Services are typically for the purpose of evaluations, follow-up care, or treatment of a specific condition. To be covered, services must meet certain criteria. • Services must be equivalent to in-person services. • Services must be provided in real-time. Services are not covered if medical information is stored and forwarded to be reviewed at a later time without the patient being present. • Services must be provided using secure electronic means. The technology used must meet or exceed HIPAA privacy requirements. • Providers must be eligible to perform and bill the equivalent face to face services. Providers must be licensed in the state in which they are performing the services. • All services that are provided must be documented and retained in the HNE Member's permanent medical record. • Applicable cost sharing for telehealth visits may apply. **Clarification**
Treatment of PANDAS/PANS	**Section 3 – Covered Benefits – Other Services** The following is added under Other Services: **Treatment of PANDAS/PANS** Health New England covers the treatment of pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections and pediatric acute-onset neuropsychiatric syndrome (PANDAS/PANS). Treatment includes, but is not limited to, the use of intravenous immunoglobulin therapy (IVIg). Prior Approval is required for IVIg. Member cost sharing applies to these services. **Effective January 1, 2022**
Services not covered	**Section 4 – Exclusions and Limitations – Exclusions** The following are considered experimental/investigational. They are added to the list of services Health New England does not cover. • Absorbable Nasal Implant for the Treatment of Nasal Valve Collapse (i.e Latera) • Cryoablation for the treatment of chronic rhinitis (i.e. Clarifix) **Clarification**

Benefit, Program, or Requirement	Description

Services requiring Prior Approval	**Section 5 – Claims and Utilization Management Procedures – Services and Procedures that Require Prior Approval**
	
	The following is added to the list of services and procedures that require Prior Approval.
	• These CAR-T treatments are covered with Prior Approval:
	  • Tecartus for the treatment of relapsed or refractory Mantle Cell Lymphoma
	  • ABECMA for the treatment of relapsed or refractory Multiple Myeloma
	
	Effective February 1, 2022

Continued treatment (transitional care)	**Section 14 – Continued Treatment (Transitional Care) – Provider Disenrollment and Continuation of Coverage Requirements**
	
	The following are added to the times when HNE will allow you to continue to receive coverage for care after your doctor leaves HNE's network.
	• **If a provider who is treating a Member with a serious or complex condition disenrolls.** If this occurs HNE will allow a member to see the provider:
	  • Through the current period of active treatment, or
	  • Up to (90) days after the provider is disenrolled, whichever is shorter
	  Serious or complex condition is defined to include:
	  • Acute illness – serious enough to require specialized medical treatment to avoid a reasonable possibility of death or potential harm; or
	  • Chronic illness or condition – a life threatening, degenerative, disabling or congenital condition that requires specialized medical care over a prolonged period of time
	  You will not be allowed to continue to see this provider if he or she is disenrolled for reasons relating to quality or for fraud.
	
	• **If providers treating a Member in an institutional or inpatient setting disenroll.** If this occurs HNE will allow a Member receiving an active course of treatment to continue:
	  • Through the current period of active treatment, or
	  • Up to 90 days after the specialist leaves HNE, whichever is shorter
	  You will not be allowed to continue to see these providers if disenrolled for reasons relating to quality or for fraud.
	
	• **If providers treating a member scheduled to have non-elective surgery disenroll.** If this occurs HNE will allow the member to continue to see the provider:
	  • Until the member is no longer a continuing care patient, or
	  • For up to 90 days after the specialist is disenrolled, whichever is shorter

Benefit, Program, or Requirement	Description
	You will not be allowed to continue to see these providers if disenrolled for reasons relating to quality or for fraud. The following is removed from the EOC: • **If a provider who is treating pregnant Members is involuntarily disenrolled.** If this occurs and you are in your second or third trimester of pregnancy, HNE will permit you to continue treatment with your provider through the postpartum period. You will not be allowed to continue to see this provider if he or she is disenrolled for reasons related to quality or for fraud. It is replaced with: • **If a provider who is treating pregnant Members is involuntarily disenrolled.** If this occurs, HNE will permit you to continue treatment with your provider through the first postpartum visit. You will not be allowed to continue to see this provider if he or she is disenrolled for reasons related to quality or for fraud. Transitional care applies to medical providers and to behavioral health and substance abuse disorder providers. **Effective January 1, 2022**

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

Step Therapy Drug changes effective January 1, 2022

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 provider 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):**	• Any four products: sumatriptan, naratriptan, zolmitriptan, rizatriptan and eletriptan
Before HNE will cover:	**Step Therapy Drug(s):**	• Frovatriptan • Almotriptan
You must try:	**First Line Drug(s):**	• Any four products: betamethasone, clobetasol, fluocinonide, halobetasol, hydrocortisone, triamcinolone
Before HNE will cover:	**Step Therapy Drug(s):**	• Flurandrenolide cream, ointment, lotion • Halcinonide cream • Capex shampoo

Tier Changes Effective January 1, 2022

Drug Name			Tier before 1/1/22	Tier on or after 1/1/22
Farxiga, Glyxambi, Xigduo XR			**Tier 3**	**Tier 2**
Icatibant			**Medical**	**Tier 1**
Stelara subq			**Medical**	**Tier 2**
• **Actimmune** • **Crysvita** • **Cuvitru** • **Epogen** • **Fasenra** • **Firazyr** • **Fulphila** • **Gammaked** • **Gamunex-C**	• **Haegarda** • **Hizentra** • **Hyqvia** • **Ilumya** • **Lupaneta** • **Mircera** • **Mozobil** • **Neulasta** • **Neupogen**	• **Nivestym** • **Procrit** • **Retacrit** • **Sandostatin** • **Strensiq** • **Xembify** • **Xolair** • **Ziextenzo**	**Medical**	**Tier 3**

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

Quantity Limit Additions

Starting January 1, 2022, Health New England will add Quantity Limits to the drugs below.

Drug Name	Quantity Limit per 30-day supply (unless otherwise specified)
• Myrbetriq • Halcinonide cream	30 tablets/grams
• Flurandrenolide cream • Flurandrenolide ointment	60 grams
• Pylera • Capex Shampoo • Flurandrenolide lotion	120 capsules/ML

Effective January 1, 2022 - The Following Medications Require Prior Authorization Thru Optum

- **Cordran Tape**
- **Invokana, Invokamet, Invokamet XR**
- **Pulmozyme**
- **Qtern**
- **Regranex**
- **Samsca 15mg and Tolvaptan 30mg**
- **Santyl**
- **Segluromet, Steglujan, Steglatro**

Effective January 1, 2022 - The Following Medications Are Not Covered See Below for Covered Formulary Alternatives

- **Clindamycin foam:** ***Alternative is clindamycin lotion or gel***
- **Ecoza foam:** ***Alternative is econazole cream***
- **Fenofibrate 40mg:** ***Alternative is fenofibrate 43mg or 48mg***
- **Fluoxetine PMDD tablets and capsules** ***Alternative is fluoxetine 20mg capsules***

Effective January 1, 2022, The Following Medications Are Plan Exclusions

- **Folivane**
- **Triphrocaps**