Health New England

FULLY FUNDED PLANS ONLY

October 12, 2023

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
Director Program Development and Market Intelligence

Encl: Amendment 01-2024

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 01-2024

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, 2024, unless noted below.

The EOC is amended as shown below.

Benefit, Program, or Requirement	Description
Chronic Conditions Drug List for High Deductible Health Plans (HDHP only)	**NOTE: Change to Prescription Drug Riders** HNE has added drug benefits for High Deductible Health Plans. The new HDHP Chronic Conditions Drug List has drugs that are used to prevent or treat certain diseases approved by the IRS. To make these drugs cheaper, Members will only pay cost share and no longer have to meet the deductible first. The list of drugs can be found at https://healthnewengland.org/pharmacy/find-drug.
PHCS Providers in Worcester County (PPO Plans Only)	**Section 1 – Introduction – How the Plan Works** **Note**: Care by PHCS providers in Worcester County is now covered at the Out-of-Plan level of coverage. The text below is removed from the Levels of Coverage for In-Plan. • ***With providers from the extended network outside the four counties of Western Massachusetts*** It is replaced with the text below. • ***With providers from the extended network outside the Service Area***
Pain Management Alternatives to Opioid Pain Products (Large Group Only)	**Section 3 – Covered Benefits – Pain Management Alternatives to Opioid Pain Products** The text below is removed from the bullet for Chiropractic care. (May be limited to 12 visits per Calendar Year, depending on your plan.) It is replaced with the text below. (see Chiropractic Rider for coverage details) **Clarification**

Benefit, Program, or Requirement	Description
Wellness Services	**Section 3 – Covered Benefits – Wellness Services** The sections below are removed from the EOC. **Wellness Services Covered Before January 1, 2021** **Acupuncture Services Covered January 1, 2021 – June 30, 2021** **Clarification**
Wellness Services – Massage Reimbursement	**Section 3 – Covered Benefits – Wellness Services – Massage Therapy** The text below is added for Massage Therapy. Only covered in the United States. **Clarification**

Benefit, Program, or Requirement	Description
Reduction of Benefits (PPO Plans Only)	**Section 1 – Introduction – Your Payment Responsibilities – Services from In-Plan Providers** The text below is removed from the EOC. In certain cases, if you do not obtain Prior Approval when required, you must pay a Copay or Coinsurance and you may have a Reduction of Benefit. It is replaced with the text below. In some cases, if you do not have Prior Approval when it is needed, coverage may be denied or you may have a Reduction of Benefit along with your Cost Share. **Section 1 – Introduction – Your Payment Responsibilities – Services from Out-of-Plan Providers** The text below is removed from the EOC. In certain cases, if you do not obtain Prior Approval when required, you must pay your Deductible, Coinsurance or Copay and you may have a Reduction of Benefit. It is replaced with the text below. In some cases, if you do not have Prior Approval when it is needed, coverage may be denied or you may have a Reduction of Benefit along with your Cost Share. **Section 5 Claims and Utilization Management Procedures – Prior Approval Process** The text below is removed from the EOC. HNE will reduce the amount paid towards your coverage if Prior Approval is not received. You will be responsible for the unpaid balance of the bills. This is called a Reduction of Benefits. Please note that if a Reduction is applied due to failure to receive Prior Approval, HNE will reach out to the provider for information after the service has been performed. It is replaced with the text below. HNE can reduce the amount paid towards your coverage if you do not have Prior Approval. You will have to pay the unpaid balance of the bills. This is called a Reduction of Benefit. Coverage that is not deemed Medically Necessary can be denied. **Section 15 - Definitions – Reduction of Benefit** The text below is added to the EOC. Reductions of Benefit do not apply to care that is not Medically Necessary; that coverage will be denied **Clarification**

Behavioral Health and Substance Use Disorder Services	**Section 3 – Covered Benefits – Behavioral Health and Substance Use Disorder Services** The text below replaces the Behavioral Health and Substance Use Disorder Services text. Some care may need Prior Approval. Prior Approval is not needed for emergency care. You do not need Prior Approval for medication management services with an In-Plan psychiatrist or clinical nurse specialist. There is no yearly limit to the number of these visits you may have. HNE will cover one Behavioral Health screening each year, per Massachusetts law (Chapter 177 of the Acts of 2022), There is no cost share for the yearly screening [**HDHP Only** except cost share will apply for High Deductible Health Plans]. Please see Section 1 About Health New England to learn how to find a Behavioral Health provider. **Outpatient Behavioral Health Services** We cover Medically Necessary Outpatient Behavioral Health care. Providers must be licensed in the state in which you receive care based on medical policy. Providers below may provide Behavioral Health care. • Psychiatrists • Psychologists • Psychotherapists • Licensed independent clinical social workers • Mental health counselors • Clinical specialists in psychiatric and mental health nursing • Licensed marriage and family therapists providing services within the scope of practice allowed by law for these therapists • Licensed alcohol and drug counselors who have a Massachusetts LADC-I level license • Psychiatric collaborative care model • Licensed Applied Behavioral Analysts (LABA)/ Board Certified Behavioral Health Analysts (Defined as a behavioral analyst credentialed by the Behavior Analyst Certification Board as a Board-Certified Behavior Analyst) • Licensed supervised mental health counselor • Licensed Physician Assistant who practices in the area of psychiatry • Health care professional under the supervision of a licensed Behavioral Health Professional • Recovery coaches and peer specialists if part of a licensed behavioral health treatment program, such as a licensed mental health clinic or outpatient hospital clinic and under the supervision of a licensed clinician, such as a licensed social worker, registered nurse, or clinical psychologist Care may be done in the outpatient settings below. • A licensed hospital • A mental health or substance use clinic licensed by the Massachusetts Department of Public Health • A public community mental health center • A professional office • Home-based services by a licensed professional acting within the scope of his or her license **[PPO PLANS ONLY** Out-of-Plan facilities must also have certification for the specific

level of care requested for either:

- The Commission on the Accreditation of Rehabilitation Facilities (CARF), or
- The Joint Commission]

Outpatient care does not have yearly, lifetime or visit/unit/Day limits. Outpatient behavioral health care includes the following.

- Applied Behavior Analysis (ABA) (Prior Approval is required)
- Community crisis counseling
- Diagnostic evaluation
- Electroconvulsive therapy
- Family and case consultation
- Individual, group, and family counseling
- Medication management services/visits
- Narcotic treatment services
- Neuropsychological assessment and psychological testing (Prior Approval is required)
- Recovery coaches and peer specialists if part of a licensed behavioral health treatment program, such as a licensed mental health clinic, substance use disorder clinic, or outpatient hospital clinic and under supervision of a licensed clinician, such as a licensed social worker, registered nurse, or clinical psychologist

You do not need Prior Approval for visits with In-Plan Providers when care is for Outpatient behavioral health therapy or Outpatient substance use disorder care.

Intermediate Behavioral Health Services

We cover Medically Necessary Intermediate behavioral health care. Intermediate care is more in-depth than Outpatient care and less than Inpatient care. Intermediate care does not have any yearly, lifetime or visit/unit/Day limits. This includes the following.

- Acute residential treatment, such as community-based acute treatment (this is not a substance-use-specific service)
- Community Based Acute Treatment Program (CBAT).
  - CBAT is a short term, intensive structured 24-hour community based program
  - The typical length of stay is from 1 to 14 days
  - CBAT is used as a clinically appropriate diversion to inpatient hospitalization
  - It is sometimes used as a step down from an inpatient hospitalization
  - HNE has clinical review criteria for admissions to CBAT programs
  - Your provider must notify HNE of the admission*
- Clinically managed detoxification services (This is 24 hour, seven days a week clinically managed detoxification services in a licensed non-hospital setting that includes 24 hour per day supervision, observation and support, and nursing care, seven days a week)
- Crisis stabilization
- Day treatment programs
- Intensive Outpatient Programs (IOP) and Partial Hospitalization Programs (PHP) To be covered, PHP and IOP services must meet certain requirements
  - They must offer clinically intensive programming within a state licensed health care facility
  - That facility must use evidence-based treatment modalities for at least a certain number of hours a day
  - At least three hours per day is required for IOP
  - At least five hours per day is required for PHP
- In-home therapy services, such as family stabilization team services
- Level 3 community-based detoxification services

- Medication Assisted Treatment (MAT) for substance abuse and related services (Member Cost Sharing may apply for these services)
- Clinical Stabilization Services (CSS) and Acute Treatment Services (ATS) for treatment of substance abuse
  - CSS is a 24 hour treatment program that usually follows an inpatient detoxification
  - ATS is a 24 hour a day medically monitored inpatient detoxification treatment setting that provides withdrawal management
  - Prior Approval is not required when you use an In-Plan facility licensed by the Massachusetts Department of Public Health
  - Your provider must contact HNE within 48 hours of the admission
    - After the first 14 days of your stay, we may review whether your care continues to be Medically Necessary and appropriate
  - This 14 days is a combined total for CSS and ATS

[**PPO Plans Only**: If you use an Out-of-Plan location, you need Prior Approval from HNE.]

Inpatient Behavioral Health Services

We cover Medically Necessary 24-hour clinical intervention care and mental health acute care done in the places listed below. Providers must be licensed in the state in which you receive care based on medical policy.

- A facility under the direction and supervision of the Department of Mental Health
- A general hospital licensed to provide such services
- A private mental health hospital licensed by the Department of Mental Health
- A substance use facility licensed by the Massachusetts Department of Public Health
- A residential treatment center licensed by the Department of Mental Health (Prior Approval is required)

Most inpatient stays do not need Prior Approval from HNE. The location must call the HNE Health Services team within one business day to approve a continued stay. Notice to the plan is needed within 48 hours of admission. Clinical review is done at the same time to decide Medical Necessity. Inpatient care is performed on a nondiscriminatory basis. There are no visit limits on Medically Necessary outpatient visits or inpatient stays for conditions described in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM). This manual is published by the American Psychiatric Association. For information please call HNE's Health Services team at (413) 787-4000, ext. 5028, or (800) 842-4464, ext. 5028 (TTY: 711).

[PPO Plans Only In addition to a state license, Out-of-Plan facilities must have certification for the specific level of care requested for either:

- The Commission on the Accreditation of Rehabilitation Facilities (CARF), or
- The Joint Commission]

Inpatient and Intermediate Services for Child-Adolescent Behavioral Health Disorders

HNE covers care to treat mental, emotional or behavioral disorders described in the most recent edition of DSM in children and adolescents under the age of 19.

- This coverage is not limited to those disorders that substantially interfere with or limit the way the child functions or how they interact with others

These services cover two kinds of disorders: those that are biologically based, and those that are not. Services need Prior Approval, unless noted below.

A health care professional supervised by a licensed Behavioral Health Professional may perform care.

	The options below are available to children and adolescents until age 19, and to their parents and/or caregiver, when Medically Necessary. • Community-based acute treatment for children and adolescents (CBAT) o Mental health services provided in a staff-secure setting on a 24-hour basis, with sufficient clinical staffing to ensure safety for the child or adolescent, while providing intensive therapeutic services including, but not limited to: daily medication monitoring; psychiatric assessment; nursing availability; specialing (as needed); individual, group and family therapy; case management; family assessment and consultation; discharge planning; and psychological testing, as needed (Prior Approval not required) o This service may be used as an alternative to or transition from inpatient services • Intensive Community Based Acute Treatment program (ICBAT) o Provides the same services as CBAT for children and adolescents but of a higher intensity, including more frequent psychiatric and psychopharmacological evaluation and treatment and more intensive staffing and service delivery (Prior Approval not required) o ICBAT programs have the capability to admit children and adolescents with more acute symptoms than those admitted to CBAT o ICBAT programs are able to treat children and adolescents with clinical presentations similar to those referred to inpatient mental health services but who are able to be cared for safely in an unlocked setting o Children and adolescents may be admitted to an ICBAT directly from the community as an alternative to inpatient hospitalization o ICBAT is not used as a step-down placement following discharge from a locked, 24-hour setting • Family Stabilization Team (FST) o FST is an intensive family therapy model focused on youth who are most at risk for out-of-home placement due to behaviors in the home o Youth and family engage in intensive family therapy, as well as some individual skill building to improve functioning o This service is implemented by a two-person team; a master's level clinician creates the treatment plan and provides the clinical interventions while a paraprofessional conducts skill building activities with individuals, dyads, or groups within the family system (this service may also be known as In-Home Therapy or IHT) • Mobile Crisis Intervention (MCI) o MCI is used for acute exacerbation of mental health symptoms that may require stabilization in an out of home or diversionary level of care o MCI does an evaluation of need with the goal of maintaining community o MCI is able to provide support in the home, school, or a location in the community location, and to make the best recommendations for the appropriate services based on the unique needs of the youth in crisis o Specific referrals and warm hand-offs to community services such as medication clinics, IHT, or open access outpatient treatment can be made to divert an out of home placement o These services are available from In-Plan Emergency Service Providers • Intensive Care Coordination (ICC) o ICC is a non-clinical service created to provide community-based care management to families who receive multiple services across multiple domains o ICCs are in place to help the family and their providers prioritize treatment goals and create a care plan for the family that takes into account the needs of all involved in the youth's care, such as education systems, Department of Children and Families, Department of Youth Services, probation, and community mental health providers • In-Home Behavioral Services (IHBS)*

	○ IHBS is a specific behavioral planning approach including a functional behavioral assessment, a behavioral intervention plan and parent training to alleviate specific behaviors causing functional intervention plan ○ This service is reserved for youth who do not respond to traditional talk therapy models ○ This is a two-person teamed approach with a master's-level clinician creating the behavior plan and a para professional helping to implement that plan ○ This is similar to applied behavior analysis (ABA); however, IHBS focused on parent training around plan updating and sustainability, a departure from the traditional ABA activities of table time or hand-over-hand based activities • Family Partner* ○ Family Partner is a service provided to the parent/caregiver of a youth, in any setting where the youth resides, such as the home (including foster homes and therapeutic foster homes), and other community settings ○ Family Partner is a service that provides a structured, one-to-one, strength-based relationship between a Family Partner peer and a parent/caregiver ○ The purpose of the service is for resolving or ameliorating the youth's emotional and behavioral needs by improving the capacity of the parent/caregiver to parent the youth so as to improve the youth's functioning as identified in the outpatient or In-Home Therapy treatment plan or Individual Care Plan (ICP), for youth enrolled in Intensive Care Coordination (ICC), and to support youth in the community or to assist the youth in returning to the community ○ Services may include: ○ Education, assistance in navigating the child serving systems (such as DCF, education, mental health, juvenile justice) ○ Fostering empowerment, including linkages to peer/parent support and self-help groups ○ Assistance in identifying formal and community resources (e.g., after-school programs, food assistance, summer camps, etc.) support, coaching, and training for the parent/caregiver • Therapeutic Mentor* ○ Therapeutic Mentoring Services are provided to youth in any setting where the youth resides, such as the home (including foster homes and therapeutic foster homes), and in other community settings such as school, child care centers, respite settings and other culturally and linguistically appropriate community settings ○ Therapeutic mentoring offers structured, one-to-one, strength-based support services between a therapeutic mentor and a youth for the purpose of addressing daily living, social, and communication needs ○ Therapeutic Mentoring services include supporting, coaching, and training the youth in age-appropriate behavioral, interpersonal communication, problem-solving and conflict resolution, and relating appropriately to other children and adolescents, as well as adults, in recreational and social activities pursuant to a behavioral health treatment plan developed by an outpatient, or In-Home Therapy provider in concert with the family, and youth whenever possible, or Individual Care Plan (ICP) for youth with ICC • All other emergency service programs If a person under 19 is being treated, HNE will continue to cover treatment after the person's 19th birthday, until the earlier of: • The time the course of treatment (in the treatment plan) is over; or • The time the person's coverage ends under this EOC; or • The time a person's coverage ends under an HNE plan replacing this EOC There are no limits on Medically Necessary outpatient visits or inpatient stays for these

conditions.

Please note: services marked with an asterisk (*) may be accessed through Massachusetts Behavioral Health Partnership (MBHP). MBHP member services may be reached at (800) 495-0086, TTY: (617) 790-4130. It is available 24 hours a day, seven days a week. MBHP's clinical team may be reached at (800) 495-0086, TTY: (617) 790-4130. It is available 24 hours a day, seven days a week.

Additional Behavioral Health (Mental Health and/or Substance Use) Services

We cover Medically Necessary Outpatient, Intermediate, and Inpatient behavioral health care to diagnose and treat mental disorders. This includes the following.

- Biologically based mental disorders, such as schizophrenia, schizoaffective disorder, major depressive disorder, bipolar disorder, paranoia, panic disorder, obsessive-compulsive disorder, delirium and dementia, affective disorders, eating disorders, post-traumatic stress disorder, substance use disorders, autism, and other psychotic disorders or biologically based mental disorders appearing in the DSM that are scientifically recognized and approved by the Commissioner of Mental Health in consultation with the Commissioner of the Division of Insurance
- Rape-related mental or emotional disorders for victims of rape or victims of an assault with intent to commit rape are covered
- All other non-biologically based mental disorders

There are no visit limits on Medically Necessary Outpatient visits or Inpatient stays for these conditions.

Psychopharmacological services and neuropsychological assessment services

HNE covers these the same way as all other medical services.

Substance Use Disorder Services

HNE covers the Medically Necessary options below to diagnosis and treat substance use disorder per medical policy.

- Inpatient substance use disorder treatment
- Outpatient treatment provided by a physician or psychotherapist who spends a large part of their time treating substance abuse
- Inpatient Detoxification

Prior Approval from HNE is not needed for substance use disorder care from an In-Plan provider if the provider is certified or licensed by the Massachusetts Department of Public Health.

Screening of urine for opioids is a good way to monitor patients on prescribed drugs or to detect abuse of drugs. You may have 20 screenings per Calendar Year, done in a physician's office or an independent lab without Prior Approval. More screenings need Prior Approval. You must also meet medical necessity standards outlined in Health New England's Drug Testing Medical Coverage Policy.

What is Not Covered

- Educational services or testing, except services covered under the benefit for early intervention services
- Services for problems of school performance
- Faith-based counseling
- Social work for non-mental health care
- Christian Science practitioner and sanitarium stays
- Residential/custodial services (including group homes and halfway houses)
- Services required by a third party or court order
- Unlicensed and unaccredited residential treatment centers

You must have Prior Approval From HNE for:

- Partial hospitalization (PHP) and Intensive Outpatient Program (IOP)
- Neuropsychological testing
- Repetitive Transcranial Magnetic Stimulation (rTMS)
- Family Stabilization Team (FST)
- Residential Treatment Center**
- **Prior Approval is not needed for certain Medically Necessary substance use disorder treatments

Telehealth Services

HNE covers some care done through telehealth. This is typically for evaluations, follow-up care, or treatment of specific conditions. To be covered, care must meet certain standards.

- Cares must equivalent to in-person care
- Care 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 care that is provided must be documented and retained in the HNE Member's permanent medical record

Member Cost Sharing may apply.

Telehealth Services through Teladoc®

HNE covers phone and online video visits for behavioral health and substance use disorder issues through Teladoc®. Teladoc providers include the following.

- Psychiatrists
- Psychologists
- Therapists
- Social Workers

This is for members age 18 and older for non-emergency issues. All visits must be scheduled. Once you have set up an account, you can set up a visit online or with Teladoc's mobile app. You will be able to see profiles for providers in your state and set up a time to see the provider you pick.
To set up your account with Teladoc visit member.teladoc.com/hne. For general questions or for help in setting up your account, you can call Teladoc at (800) Teladoc or (800) 835-2362.

Member Cost Sharing applies.

Emergency care

If you need emergency care, follow the steps listed in Section 2 under "How to Obtain Care in an Emergency."

Disclosure of Information

HNE will not require consent to the release of information regarding services for behavioral disorders differently than for other medical conditions. Only licensed mental health professionals will decide the medical necessity of care described in this section. **[PPO Only** However, denials of service based on lack of insurance coverage or use of an Out-of-Plan Provider will not be made by a licensed mental health professional.]

Your Rights under the Massachusetts Mental Health Parity Laws and the Federal Mental Health Parity and Addiction Equity Act (MHPAEA)

Benefit, Program, or Requirement	Description
	You may have rights under state and federal mental health parity laws. Both laws say that health plans must cover treatment for mental health and substance use disorders in the same way that they cover treatment for medical conditions. This means that Cost Share for mental health conditions must be the same as those for medical conditions. Also, mental health office visit Copays must not be more than primary care visits. The methods we use to review coverage for mental health or substance use disorder benefits are comparable to those we use to review medical benefits. Clinical standards may permit a difference in how benefits are reviewed. If you think HNE is not covering treatment for mental health and substance use disorders in the same way that we cover treatment for medical conditions, you may file a complaint with the Division of Insurance (DOI) Consumer Services Section. You may file a written complaint by using the DOI's Insurance Complaint Form. You may request a copy of the form by phone or by mail. You also can find the form on the DOI's webpage at: http://www.mass.gov/ocabr/consumer/insurance/file-a-complaint/filing-a-complaint.html You may also submit a complaint by telephone by calling (877) 563-4467 or (617) 521-7794. If you submit a verbal complaint, you must follow up in writing. You must include the information below on the Insurance Complaint Form. • Your name and address • The nature of your complaint • Your signature authorizing the release of any information to help the DOI with its review of the complaint A parity complaint is not the same as an appeal under your Plan. You may still need to file an appeal with HNE. Filing an appeal with HNE may be needed to protect your right to continued coverage of treatment while you wait for an appeal decision. See the appeal procedures outlined in Section 6 of this EOC for more information about filing an appeal. **Clarification**

Benefit, Program, or Requirement	Description
Behavioral Health Definitions	**Section 15 – Definitions** Text below is added to the EOC. **Psychiatric Collaborative Care Model** The 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 **Mental Health Acute Treatment** 24-hour medically supervised mental health services provided in an inpatient facility, licensed by the department of mental health, that provides psychiatric evaluation, management, treatment and discharge planning in a structured treatment milieu **Emergency Service Programs** All programs subject to contract between the Massachusetts Behavioral Health Partnership and nonprofit organizations for the provision of community-based emergency psychiatric services, including, but not limited to, behavioral health crisis assessment, intervention and stabilization services 24 hours per day, 7 days per week, through: (i) mobile crisis intervention services for youth; (ii) mobile crisis intervention services for adults; (iii) emergency service provider community-based locations; and (iv) adult community crisis stabilization services **Licensed Mental Health Professional** A licensed physician who specializes in the practice of psychiatry, a licensed psychologist, a licensed independent clinical social worker, a licensed certified social worker, a licensed mental health counselor, a licensed supervised mental health counselor, a licensed psychiatric nurse mental health clinical specialist, a licensed psychiatric mental health nurse practitioner, a licensed physician assistant who practices in the area of psychiatry, a licensed alcohol and drug counselor I, as defined in section 1 of chapter 111J, or a licensed marriage and family therapist within the lawful scope of practice for such therapist

Prescription Drug Coverage- Commercial
Note: Tier 1 – lowest copay level; Tier 2 – mid copay level; Tier 3 – highest copay level
For 5-tier formulary- Tier 4-lowest specialty tier; Tier 5-highest specialty tier

Step Therapy Drug changes effective January 1, 2024:
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 365 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 Drugs:**	• BOTH aripiprazole and lurasidone
Before HNE will cover:	**Step Therapy Drug(s):**	• Vraylar • Rexulti

Tier Changes Effective January 1, 2024			
Drug Name	**Tier before 7/1/23**	**For 3-tier formulary: Tier on or after 7/1/23**	**For 5-tier formulary: Tier on or after 7/1/23**
Tivicay	**Tier 2**	**Tier 3**	**Tier 3**
Complera	**Tier 2**	**Tier 3**	**Tier 3**

Effective January 1, 2024, The Following Medications Require Prior Authorization Thru Optum

- **Jardiance**
- **Farxiga**

Effective January 1, 2024, The Following Medication Requires Prior Authorization Thru Magellan

- **Iluvien**

Effective January 1, 2024, The Following Medications Are Limited to a 30-day supply

- **Wegovy**
- **Saxenda**
- **Contrave**
- **Osymia**

Effective January 1, 2024, The Following Medications No Longer Require Step Therapy

- **Adapalene-Benzoyl Peroxide gel**
- **Ivermectin tablets**
- **Lurasidone**

Effective January 1, 2024, The Following Medications Are Plan Exclusions

- **Brand name Viagra**
- **Brand name Cialis**

Prescription Drug Coverage- Commercial Note: Tier 1 – lowest copay level; Tier 2 – mid copay level; Tier 3 – highest copay level ***For 5-tier formulary- Tier 4-lowest specialty tier; Tier 5-highest specialty tier***
• **Brand name Levitra** • **Abiraterone acetate - 500mg (Please note that Abiraterone Acetate 250mg is covered)**
Effective January 1, 2024, a change will be made in how the daily morphine milligram equivalent (MME) value is calculated for the following medications based on new updates from the Centers for Disease Control and Prevention (CDC) **Starting January 1, 2024, a member's MME value may be above the plan's limits, even if their dosage has not changed** **This could cause their opioid prescription to be rejected at the pharmacy** **A member's doctor can request Prior Approval if their doctor wants to keep their opioid medication at the current dose**
• **Methadone** • **Hydromorphone** • **Tramadol**