Health New England

FULLY FUNDED PLANS ONLY

October 25, 2019

RE: Semi-Annual Notice of Changes

Dear Health New England Member:

As we do two times each year, we are notifying you of changes to your plan. Some of these changes are driven by regulation, some aim to improve your experience, and others aim to control rising healthcare costs. Unless otherwise noted, these changes are effective January 1, 2020.

I have enclosed an amendment to your Health New England Explanation of Coverage. This amendment outlines changes to certain benefits and programs that are part of the standard benefit plan. Please read the information carefully and keep it with your membership materials for future reference.

If you have any questions, please feel free to call Member Services at (413) 787-4004 or (800) 310-2835. Our staff is available Monday through Friday, 8:00 a.m. to 6:00 p.m. We will be happy to help you.

Sincerely,

Brian P. Moody

Brian P. Moody
Director of Service Operations

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 01-2020

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, 2020, unless noted below.

The EOC is amended as shown below.

Benefit, Program, or Requirement	Description
Outpatient Short Term Rehabilitation Services: Physical and Occupational Therapy	**Section 3 – Covered Benefits – Outpatient Short Term Rehabilitation Services** The calendar year limit for physical and occupational therapy is changing. For services on or after January 1, 2020 the limit is: 60 visits per calendar year for physical or occupational therapy. The calendar year limit does not apply to services that are part of a home health plan. The limit also does not apply when services are provided to treat autism spectrum disorder. Services that are part of a home health plan and services provided to treat autism spectrum disorder require Prior Approval. **Effective January 1, 2020**
Behavioral Health Services: Partial Hospitalization Program (PHP) and Intensive Outpatient Program (IOP)	**Section 3 – Covered Benefits – Behavioral Health and Substance Use Disorder Services** The following is added to the EOC. To be covered, Partial Hospitalization Program (PHP) and Intensive Outpatient Program (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 per day. At least five hours per day is required for PHP. At least three hours per day is required for IOP. **Clarification**
Wellness Reimbursement Program: Additional items can be reimbursed	**Section 3 – Covered Benefits – Special Programs and Discounts** The following items are added to the list of services you can be reimbursed for through Health New England's Wellness Reimbursement Program. • Wellness and fitness apps • Nutrition apps • Mindfulness apps • Bike shares **Effective July 1, 2019**

<table>
<tr><th>Benefit, Program, or Requirement</th><th>Description</th></tr>
<tr><td>New Medical Policies</td><td>
Section 5 – Claims and Utilization Management Procedures – Services and Procedures that Require Prior Approval

Health New England will have new Medical Policies for the items and services shown below.
<table>
<tr><th>Item or Service</th><th>Effective date</th><th>Prior Approval Required?</th></tr>
<tr><td>CAR-T Cell therapy
(Yescarta and Kymriah only)
This is a type of immunotherapy in which a patient’s own genetically altered immune cells are used to attack cancer cells. Covered at facilities HNE has determined to be a Center of Excellence.</td><td>January 1, 2020</td><td>Yes</td></tr>
<tr><td>Lutetium LU (Lutathera)
This is a radiopharmaceutical used to treat certain neuroendocrine tumors.</td><td>January 1, 2020</td><td>Yes</td></tr>
<tr><td>INTACTS
These are corneal implants placed beneath the cornea. They are designed to reduce or eliminate myopia and astigmatism in patients with keratoconus.</td><td>December 1, 2020</td><td>Yes</td></tr>
<tr><td>Hypoglossal Nerve Stimulation
This is an implantable nerve stimulation system intended to treat adults with moderate to severe obstructive sleep apnea.</td><td>February 1, 2020</td><td>Yes</td></tr>
<tr><td>Skin Substitute (bioengineered, tissue-engineered, or artificial skin)
A new medical policy will clarify what is covered and for what indications.</td><td>February 1, 2020</td><td>No</td></tr>
</table>
</td></tr>
<tr><td>Screening for opioid use</td><td>
Section 5 – Claims and Utilization Management Procedures – Services and Procedures that Require Prior Approval

Screening of urine for opioids is an effective way to monitor patients on prescribed medication 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. Additional screenings require prior approval. You must also meet medical necessity criteria. These criteria are outlined in Health New England’s Drug Testing Medical Coverage Policy.

Effective January 1, 2020
</td></tr>
</table>

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, 2020

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 Drugs – must try 2:**	• Darifenacin • Solifenacin • Tolterodine ER • Trospium
Before HNE will cover:	**Step Therapy Drug(s):**	• Myrbetriq • Toviaz
You must try:	**First Line Drug(s):**	• Dapsone 5%
Before HNE will cover:	**Step Therapy Drug(s):**	• Aczone 7.5%

Quantity Limit Additions

Starting January 1, 2020, Health New England will add Quantity Limits to the drugs listed below.

Drug Name	Quantity Limit per 30 day supply (unless otherwise specified)
• Aripiprazole solution	300 ML
• Azelaic acid • Clobetasol aerosol	50 grams
• Calcipotriene/betamethasone ointment • Clobetasol cream • Hydrocortisone valerate ointment	60 grams
• Clobetasol shampoo • Pramosone lotion	118 ML
• Ranolazine ER • Synjardy/Synjardy XR 12.5mg	60 tablets
• Synjardy/Synjardy XR all other strengths	30 tablets

New Prior Authorizations (PA) Effective January 1, 2020

- **Sabril: PA thru Optum**

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

Tier Changes Effective January 1, 2020

Drug Name			Tier before 1/1/20	Tier on or after 1/1/20
• Alinia • Caverject • Crinone • Edex • Ganirelix • Hydromet	• Muse • Naftin gel • Novarel • Pancreaze • PNV Prenatal Plus • Pred Mild	• Pregnyl • Pulmozyme • Symlin pen • Synarel • Tobradex • Vaxchora	**Tier 2**	**Tier 3**

Effective January 1, 2020, the Following Medications Are Not Covered See Below for Covered Formulary Alternatives

- **Betimol.** ***Alternative is timolol***
- **Fluoroplex cream.** ***Alternative is fluorouracil 5%***
- **Fosamax D.** ***Alternative is alendronate***
- **Picato.** ***Alternative is fluorouracil 5%***
- **Synalar ointment kit.** ***Alternative is fluocinolone***
- **Trianex.** ***Alternative is triamcinolone***
- **Xolegel gel.** ***Alternative is ketoconazole***

Plan Exclusions Effective January 1, 2020

- **Duloxetine 40mg**

Effective January 1, 2020, Health New England will remove all step therapy restrictions from the following medications

- **Darifenacin**
- **Tolterodine IR and ER**
- **Trospium capsules**
- **SolifenacinL**
- **Aripiprazole tablets**
- **Rosuvastatin**
- **Desloratadine**
- **Dutasteride**
- **Celecoxib**
- **Adapalene 0.3%**