

connection

important information for fallon community health plan physicians and providers

january 2007

● every day affairs

improving our referral process

Simplify! Simplify! That's what our providers tell us, and that's exactly what we're doing. Beginning January 1, 2007, the FCHP referral process will be much simpler for all involved. Bottom line: We'll no longer be in the middle.

Now, all PCPs will need to do is give the specialist physician their FCHP vendor ID number—and the specialist will include that number on the submitted claim. That will be our evidence of a referral. PCPs no longer need to contact us. They will work directly with the specialists to expedite services for their patients.

referral overview

- **HMOs:** Referrals for specialty care are required for our commercial HMO and Fallon Senior Plan® HMO members. However, FCHP Direct Care and FCHP Select Care members with a Fallon Clinic primary care provider don't need referrals for specialty services when provided by a Fallon Clinic specialist.
- **Point-of-service** (FCHP Flex Care) members have the option of receiving care out-of-network without a referral.
- **PPO** (Fallon Preferred Care) members do not need a referral for specialty services.
- Members may self-refer within product for the following services:
 - OB/GYN visits
 - Annual preventive gynecological visit
 - Medically necessary evaluations and treatment
 - Obstetrical visits
 - Mammogram
 - Oral surgery (impacted teeth only)
 - Routine eye exams
 - Outpatient mental health/substance abuse

Please note: All services with out-of-product, tertiary, non-contracted and/or *Peace of Mind Program™* providers or facilities **require a preauthorization** from FCHP. See additional information below.

pcp referral procedure

1. **The PCP refers the member to a specialist** within the member's product for medically necessary care. Contact the specialist by telephone, fax or mail, and provide the PCP's name, the FCHP provider number (vendor number), the reason for the referral and number of visits approved.
2. **The specialist verifies the member's eligibility** through the FCHP online eligibility tool or a POS device, or by contacting FCHP Customer Service at 866-ASK-FCHP, press 1, Monday through Friday from 8:30 a.m. to 5:00 p.m.
3. **The specialist treats the member** according to the PCP's request and exchanges clinical information with the member's PCP.
4. **The specialist submits a claim** to FCHP with evidence of a referral (i.e., the PCP's FCHP vendor number) from the member's PCP. The following information should be entered on the CMS-1500 or electronic equivalent as evidence:
 - Box 17—enter referring provider/PCP's name
 - Box 17a—enter referring provider/PCP's FCHP vendor number

Failure to include complete referral information (the referring provider's name and vendor number) on the claims will result in a denial.

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5. PCP referrals will be accepted retroactively up to 120 days from the date of service. Should an initial claim be rejected for lack of a referral number (i.e., the PCP vendor number), the specialist has 120 days from the date of the RAS to resubmit a corrected claim with the provider vendor number. Please note that all corrected claims must be dropped to paper and marked "corrected claim." Corrected claims cannot be submitted electronically. In addition, providers may call 866-ASK-FCHP, press 1, and FCHP will accept the vendor number by telephone within the 120-day period. A corrected claim won't be mandatory.

no referral/no specialist service?

If a member doesn't have a valid referral but visits a specialist for services that require a PCP referral, the specialist should contact the member's PCP to obtain a PCP referral. If the PCP does not approve the referral, the specialist should inform the member of his or her financial liability and ask the member to sign a waiver of liability.


If a specialist decides that a member needs a service that he/she can't provide, the specialist must consult with the member's PCP, who will initiate a new referral to the appropriate specialist.

chiropractic referrals

1. For a referral to a participating chiropractor, the PCP should provide the member and/or the chiropractor with a **written prescription, including diagnosis**.

2. The chiropractor needs to **submit a copy of the prescription to American Specialty Health** when submitting the initial claim.

For information about services requiring preauthorization and preauthorization procedures, please see *Connection* online.

As always, if you have any questions, please contact Provider Relations at 866-ASK-FCHP, press 4. 

health care reform at fchp

commonwealth care fchp direct care

Fallon Community Health Plan currently is one of only four managed care organizations in Massachusetts participating in the new Commonwealth Care program, which emerged from the recent health care reform law. FCHP is working with the state's new oversight agency, the Commonwealth Health Insurance Connector Authority (known as the Connector Authority).

Commonwealth Care is the health insurance program established by the Connector Authority to enable qualified Massachusetts residents to obtain affordable health insurance if they don't have coverage.

This fall, FCHP began offering **Commonwealth Care FCHP Direct Care, Plan 1**. This plan design is for people whose incomes fall at or below 100% of the federal poverty level. Plan 1 allows access to our FCHP Direct Care network and gives members comprehensive health care benefits, including coverage for office visits, prescription drugs and inpatient care.

As of January 1, 2007, people with incomes between 100.1% and 300% of the federal poverty level may enroll in **Commonwealth Care FCHP Direct Care, Plans 2 to 4**. These plans provide access to our existing FCHP Direct Care network and give members comprehensive health care benefits. Individuals who are eligible to enroll in these plans will receive premium assistance from the Commonwealth of Massachusetts to help pay for their insurance coverage. The premium assistance will be based on their income.

To be eligible for Commonwealth Care, a person must be:

- Uninsured
- Age 19 or older (eligible children under the age of 19 will get health benefits through MassHealth)
- A U.S. citizen or national, qualified alien or alien with special status
- Part of a family whose monthly income before taxes and deductions is at or below 300% of the federal poverty level.

For questions about Commonwealth Care FCHP Direct Care, please contact the Provider Relations Department at 866-ASK-FCHP.

For information about all health plan options available through Commonwealth Care or for eligibility questions, contact the Commonwealth Care Support Program at 877-MA-ENROLL (TTY: 877-623-7773), Monday through Friday from 8 a.m. to 5 p.m., or visit the Commonwealth Care Web site at www.mass.gov/connector. ●

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preparing for the national provider identifier

The NPI is a unique health provider identifier that will simplify the administrative process for physicians, providers, health plans and clearinghouses. When providers receive an NPI, they will have one number that can be used for transacting business with any health plan with which they are affiliated.

Fallon Community Health Plan must be ready to accept and send the NPI as the primary provider identifier on standard electronic transactions by **May 23, 2007**. In preparation for this transition, we are asking all providers to notify FCHP when they receive their NPI.

Providers may submit their NPI in the following manner:

- Using our Web site is an easy way to submit your NPI. Go to www.fchp.org. Click on the link for physicians and providers. Under the "News and announcements" section on the right, click on "Submit your National Provider Identifier (NPI) online."
- Contact your Provider Relations Representative about submitting an Excel file.

Until further notice, however, providers should continue to submit claims to Fallon Community Health Plan using your current legacy number. We are currently building a crosswalk for implementing your NPI, and will notify you of all updates.

1099 reminder

If you receive a check incorrectly made payable to you, please return it to Fallon Community Health Plan. The payment will be reflected on your IRS Form 1099 unless it is returned to FCHP. ●

quality focus

A description of HEDIS® measures for 2007 can now be found in the "Physicians and providers" section of our Web site, www.fchp.org. Click on the "Resources link." ●

spreading the word about fchp excellence

Fallon Community Health Plan recently retained the highest level of accreditation—"Excellent"—from the National Committee for Quality Assurance, or NCOA. And for the first time ever, we received this accreditation rating for all three of our core products: commercial HMO, Medicare Advantage and Medicaid (or MassHealth).

We're spreading the word about this achievement—and our appreciation for your role in it. This ad on our NCOA accreditations appeared in the *Springfield Republican*, *Northampton Hampshire Gazette*, *Greenfield Recorder*, *BusinessWest*, *Healthcare News of Western MA*, *Worcester Telegram & Gazette*, *Fitchburg Sentinel* and the *Worcester Business Journal* ●



quit to win—successfully

Consider referring your patients to Fallon Community Health Plan's successful tobacco treatment program, called **Quit to Win**.

Group sessions are free (you don't have to be an FCHP member to join us), and FCHP members can buy nicotine patches at a greatly discounted rate. We have several locations in Central Mass: Auburn, Leominster, Milford, Spencer and Worcester. Phone counseling is an option for FCHP members who can't attend our group sessions. FCHP MassHealth members receive everything free.

Patients can call us directly to enroll at 508-368-9540 or 888-807-2908. If you would like a free poster for your exam rooms, please call us. For more information, see *Connection* online. ●

code updates

Please note these code changes, which go into effect March 1, 2007.

- **The following code will no longer be separately reimbursed:**
93770 – determination of venous pressure
- **The following codes will be covered for senior members only and will require plan preauthorization:**
L8623 – Lithium ion battery for use with cochlear implant device speech processor
L8624 – Lithium ion battery for use with cochlear implant device speech processor, ear
- **The following code will no longer require preauthorization:**
13132 – Repair, complex, forehead, cheeks, chin, mouth, neck, maxillae, genitalia, hands and/or feet; 2.6-7.5 cm
- **The following codes will no longer be covered:**
A7008 – Large volume nebulizer, disposable, prefilled, used with aerosol compressor
A7009 – Reservoir bottle, non-disposable, used with large volume ultrasonic nebulizer
E0575 – Nebulizer, ultrasonic, large volume

new 2007 CPT/HCPCS codes

All new codes will require a preauthorization until a final review is performed by Fallon Community Health Plan. FCHP will review and assign the appropriate coverage categories and determine prior authorization requirements.

FCHP will notify all contracted providers of this determination via the March issue of *Connection* and on the FCHP Web site in the *Provider Manual*.

New CPT/HCPCS codes were effective for claims received on or after January 1, 2007. The HIPAA Transaction and Code Set Rule requires the use of the medical code set that is valid at the time that the service is provided. Therefore, Fallon Community Health Plan can **no longer allow a 90-day grace period** for deleted CPT/HCPCS codes. ●

wigs require preauthorization

Wigs are a covered benefit for individuals who have suffered hair loss as a result of the treatment of any form of cancer or leukemia. Please remember that wigs (A9282 – wig, any type, each) require preauthorization from the plan. If plan preauthorization is not obtained, the claim will be “rejected, vendor liable.” If you have any questions, please contact Provider Relations at 866-ASK-FCHP. ●

● billing bytes

claim corrections

Do you have a claim rejection for an inpatient or observation mismatch? Fallon Community Health Plan has recently instituted a new process whereby providers may call to request an adjustment by telephone. This process applies only to professional claims for which the place of service needs to be corrected. Providers may call the Provider Services Line at 866-ASK-FCHP, press 1, and request a claim correction. ●

ras improvements

Tell us what you think! We would love to hear your feedback on the new and improved Remittance Advice Summary. E-mail us at askfchp@fchp.org with your thoughts! ●

● script alert

medical recordkeeping standards

FCHP's medical recordkeeping standards have been updated to include the presence of a current medication list. Medical recordkeeping standards are located in our *Provider Manual*, available online at www.fchp.org/Extranet/Providers For a paper version of the manual, please contact our Quality and Health Services Department at 508-368-9101, Monday through Friday, from 8 a.m. to 5 p.m. ●

formulary updates

Fallon Community Health Plan has made several changes to its commercial plan formulary, including changing prior authorization requirements and adding new medications. Please see *Connection* online for these changes. ⓘ

ultrabenefits: relationship and claims processing

Fallon Community Health Plan has purchased UltraBenefits, Inc., a third-party administrator, in a unique acquisition designed to expand our portfolio and broaden services to a growing self-insured market. UltraBenefits, Inc., manages health benefits for approximately 20,000 members nationally.

As part of this relationship, FCHP will price claims for UltraBenefits' customers who use our network. When you see these customers as your patients, they will have an **UltraBenefits member ID card that will have Fallon Health & Life Assurance Company brand in the right-hand corner. That's the signal for you to submit claims to the UltraBenefits address on the back of the ID card.** Mailing to the correct location will ensure that claims are processed and paid promptly. ●



have you seen your
connection?

Please pass this along to
the next person on the list.

Date received _____

Please route to:

- Office manager
- Physician
- Billing department
- Receptionist
- Referral site
- Other

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Your online supplement to *Connection* at

www.fchp.org/Extranet/Providers/Connection.htm contains:

- referrals simplified—more on preauthorizations
- *quit to win* program details
- formulary updates for commercial plan

Medical policies:

- *Claims auditing software*
- *Clinical trials payment policy*
- *Durable medical equipment capped rental payment policy*
- *Emergency department payment policy*
- *Evaluation and management payment policy*
- *Infertility/assisted reproductive technology (ART) services payment policy*
- *Inpatient medical review and payment policy*
- *Physician-owned diagnostic imaging center payment policy*
- *Preoperative autologous blood donation payment policy*
- *Registered nurse first assistant (RNFA) payment policy*
- *Units of service edit payment policy*

Connection is a bimonthly publication for all FCHP ancillary and affiliated providers. The next copy deadline is January 10, 2007. Send information to Lisa Mancini Peare, Fallon Community Health Plan, 10 Chestnut St., Worcester, MA 01608.

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