

connection

important information for fallon community health plan physicians and providers

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march 2008

● every day affairs

satisfaction survey results favorable

Thank you to all who participated in our annual Provider Satisfaction Survey last fall. We are very pleased that over 90% of you who responded indicated that your overall satisfaction with FCHP is **excellent, very good or good**.

We're pleased to congratulate our raffle winners:

- **Joseph Sidari**, Otolaryngology, Saint Vincent Hospital
- **Jamie Tessitore**, Charles River Medical/Dr. John Stevenson's office

The winners were randomly picked from a group of providers who responded to our survey by the December 3 deadline. We presented each winner with a \$250 gift certificate to giftcertificates.com. Thank you to all who responded! ●

fchp grants support physician-directed programs

A program that targets pediatric obesity and another that promotes sexual health education for teenagers were the recipients of Fallon Community Health Plan's annual Physician Grants of \$5,000 each. The unique grants are aimed at supporting physician-directed programs that contribute to FCHP's mission of *making our communities healthy*.

South Shore Medical Center

FCHP awarded \$5,000 to **Shape Your Future**, a pediatric obesity program at South Shore Medical Center located in Norwell and Kingston, Mass. This funding will help expand the current program to an interactive Web site, where families can obtain vital information to make healthier meal planning choices, receive exercise advice and use community forums and tracking tools to help monitor and encourage progress.

The Shape Your Future program consists of individual appointments with a pediatric nurse practitioner, group orientation meeting and nutrition education classes, a supermarket tour, and two one-hour exercise sessions each week.

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reminder: radiology notification consult program

On February 1, 2008, MedSolutions began administration of a utilization management program for all outpatient MRI/MRA, CT/CTA, PET and nuclear cardiology imaging studies for most FCHP members. Please call Provider Relations at 1-866-ASK-FCHP, press 4, if you have any questions. ●



At the South Shore Medical Center check presentation were (left to right): FCHP's former VP of Network Development & Management Dan Concaugh; South Shore's Gina Lombardi, R.D.; Gina Boutwell, M.D.; Sarah Schneider, M.D.; Molly Mazanec, C.P.N.P.; Satoko Porter, R.C.E.P.; and FCHP Provider Relations Representative Diane Reilly and FCHP Contracts Manager Erica Foskett.

"By expanding the components of this program to the Internet, we're not only helping to combat childhood obesity, but providing tools, strategies and information families need to make behavior changes," said Satoko Porter, Program Director.

Pediatrics West

FCHP awarded its second \$5,000 grant to Pediatrics West in Westford, Mass., for its **Smart Sex** program. The funding will help Pediatrics West create age-appropriate material for its teenage patients. The Smart Sex program also will offer discussions on the topics of abstinence, delaying sexual activity, prevention of sexually transmitted diseases and various birth control methods.

"Smart Sex is designed to educate young teenagers about making informed, responsible decisions about their reproductive and sexual health," said Jessica Hennessey, C.P.N.P., Program Director. "We want to provide teens with a safe place to come and seek information related to sexual health, and we plan to offer classes and educational clinics for our patients and their parents to attend."



Attending the check presentation at Pediatrics West were (left to right): FCHP's former VP of Network Development & Management Dan Concaugh; Pediatrics West staff Jessica Hennessey, C.P.N.P.; Anh Lewin; Joan Eagan, M.D.; and FCHP's Provider Relations Representative Jessica Gruposso and former FCHP Director of Provider Relations Mary Ford.

We wish South Shore Medical Center and Pediatrics West the best of luck with their programs and look forward to hearing about their positive results. ●

fchp direct care network continues to grow

Last fall, we significantly expanded our **FCHP Direct Care** network. This tailored network offers members the same benefits and features as Select Care, but at significant premium savings.

Our newest expansion of this network in December included the addition of Lahey Clinic physicians (and related medical facilities); Mount Auburn Cambridge Independent Practice Association (Mt. Auburn Hospital); and Highland Healthcare Associates IPA (Winchester Hospital).

For more details, please see our article in *Connection* online. ●

chiropractic referral process reminder

As of January 1, 2007, **PCPs are required to provide a script to the chiropractor as evidence of a referral.** This script should be given to the chiropractor prior to treating the member. The script should include the referring provider's name and address, the member's name and ID number, the referral issue date, and the primary diagnosis code.

To all network chiropractors: This is a reminder that chiropractic services require a PCP script each calendar year. Please make sure FCHP members present a new script written by their PCP before providing services after January 1. ●

webvisits reimbursement through relayhealth discontinued

FCHP terminated the service agreement with RelayHealth,[®] effective March 14, 2008, for online clinical webVisits[®]. Provider groups with FCHP-participating physicians and individually contracted primary care physicians were sent notice of the change in January.

WebVisits services are the only RelayHealth service affected by this change. FCHP primary care physicians registered with RelayHealth may continue using online communications with FCHP members for appointment requests, prescription refills, referral requests, lab results, appointment reminders and other RelayHealth services. ●

links to information about care

We hope you'll take the time to visit our Web site to learn how we work with you and our members to ensure the quality and safety of clinical care. If you would like us to send you a copy of this information, please call our Provider Relations Department at 1-866-ASK-FCHP (1-866-275-3247), press 4.

- **Clinical criteria for utilization care services:** Fallon Community Health Plan uses national, evidence-based criteria that are reviewed annually by a committee of health plan and community-based physicians to determine the medical appropriateness of selected services requested by physicians. These criteria are approved as being consistent with generally accepted standards of medical practice, including prudent layperson standards for emergency room care. Criteria are available on the FCHP Web site at www.fchp.org/providers/resources/medpolicies.aspx or in paper copies upon request.
- **Learn more about our quality programs:** FCHP is proud of its long history of quality accomplishments, including our "Excellent" accreditation from the National Committee for Quality Assurance. A detailed description of our quality program, goals and outcomes is available to all physicians on our Web site at www.fchp.org/about/quality.aspx.

We also welcome suggestions from our physicians about specific goals or projects that may further improve the quality of care and service available through our health plan projects.

- **Know our members' rights:** FCHP members have the right to receive information about an illness, the course of treatment and prospects for recovery in terms that they can understand. They have the right to actively participate in decisions regarding their own health and treatment options, including the right to refuse treatment. For a complete list of FCHP members' rights and responsibilities, visit our Web site at www.fchp.org/members/resources/rights.aspx. ●

coding corner

the latest cpt code changes

Please see this month's issue of *Connection* online for our latest CPT code changes. ⓘ

new 2008 CPT/HCPCS codes

As mentioned in the January *Connection*, all new 2008 codes require preauthorization until a final review was performed by Fallon Community Health Plan. We've now reviewed and assigned the appropriate coverage categories and determined preauthorization requirements for all new codes.

New CPT/HCPCS codes became effective for claims received on or after January 1, 2008. The HIPAA Transaction and Code Set Rule requires the use of the medical code set that is valid at the time the service is provided.

Please refer to the *Connection* online for the list of codes. ⓘ

script alert

new policy in effect to promote careful handling of meds

Fallon Community Health Plan is enforcing its new policy that allows for refill or replacement of only one occurrence of lost or mishandled medication in a calendar year.

Our policy allows each member to be covered for a 30-day supply of prescription medication (unless otherwise specified) for one occurrence of lost or mishandled medication per calendar year. An "occurrence" is the loss or mishandling of a single medication, or the loss or mishandling of multiple medications at the same time. In each case, the member would be charged the appropriate copayment for the replacement/refill prescription.

For additional clarification of this policy, please see our article in *Connection* online. ⓘ

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drug updates

- **chantix side-effects—post marketing experience**

Chantix® is a medication used to help people stop smoking. The following adverse events have been reported since the introduction of Chantix into the U.S. market: depressed mood, agitation, changes in behavior, sleep disturbances, suicidal ideation and suicide. In addition, the new labeling on the product includes a new caution: “Use caution while driving or operating machinery until it is known how quitting smoking with Chantix will affect the patient.”

- **advair side effects preclude first-line therapy use**

Advair® is an inhaled, meter-dose, dual-therapy medication for asthma. It’s a combination of a steroid (fluticasone) and a long-acting B2-agonist (salmeterol). It’s indicated for treatment of asthma that isn’t well-controlled with other asthma-controller medications.

Side-effects—including death—have been reported in adults using Advair. Lately, there have been more adverse events reported with the use of Advair in children. These events include 14 deaths due to asthma exacerbation in children using salmeterol and nine deaths due to asthma exacerbation in children using Advair.

Advair should not be used as first-line therapy. It also shouldn’t be used as a one-time treatment for colds, viruses, bronchitis or other acute illnesses. If a one-time inhaled steroid is medically indicated, the *preferred inhaled steroid should be QVAR®* (beclomethasone). Upon reviewing Advair prescriptions, there has been noted a huge amount of one-time use of Advair. Although FCHP has not implemented step therapy for Advair at this time, we will continue to monitor its use. If inappropriate therapy continues, we’ll likely develop step guidelines.

- **cymbalta requires prior authorization unless generics used first**

Cymbalta® (duloxetine) is a dual-mechanism antidepressant, i.e., a serotonin and norepinephrine reuptake inhibitor. It is indicated for depression. In order for the prescription to be processed without a prior authorization, an FCHP member must have either at least two generic antidepressants in his/her medication history, or have previously taken gabapentin.

- **avastin available for direct purchase**

The biotechnology company Genentech, working with the American Academy of Ophthalmology and the American Society of Retina Specialists, has changed its policy regarding access to its cancer drug Avastin® (bevacizumab) to allow physicians to purchase the drug directly from authorized sources for its use in wet age-related macular degeneration (AMD).

- **national comprehensive cancer network erythropoietin guideline**

The NCCN has updated the guidelines for all erythropoietins (epoetin alpha, darbepoetin alfa and ESAs [erythropoiesis-stimulating agents]). The guidelines no longer recommend ESAs for the treatment of cancer-related anemia associated with solid tumors or hematologic malignancies other than myelodysplastic syndromes.

Some key points of the updated guidelines are:

- ESA therapy is an option for patients being treated with myelosuppressive chemotherapy who have symptoms of anemia and hemoglobin levels of less than 11 g/dL.
- For patients who are receiving chemotherapy and who do not have symptoms of anemia, ESA therapy should only be considered as an option if the patient has a hemoglobin level that is equal to or less than 10 mg/dL and there exists additional risk factors for the development of symptomatic anemia requiring transfusion.
- Drug dosage should be titrated to reach hemoglobin levels of 10 to 12 g/dL to avoid red blood cell transfusion. Patients should be limited to the period in which they receive chemotherapy and should be discontinued from therapy with ESA six weeks after treatment ends.

According to the NCCN, these revisions reflect recent data that indicate both decreased survival in patients with cancer who are treated with ESAs and recent changes made to the product labels. ●

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Date received _____

Please route to:

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

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connection online • march 2008

Your online supplement to *Connection* at www.fchp.org/Extranet/Providers/Connection.htm contains:

- fchp direct care network continues to grow
- depression pocket guide available to pcps
- new policy in effect to promote careful handling of meds
- formulary updates
- our latest cpt codes this issue
- new 2008 cpt/hcpcs codes

medical payment policies:

The following policies have been reviewed and include clarifications:

- *Evaluation and Management Payment Policy: Same Day Services*
- *Global Obstetrical Services Payment Policy*

Connection is a bimonthly publication for all FCHP ancillary and affiliated providers. The next copy deadline is March 7, 2008.

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Questions?
Call 1-866-ASK-FCHP
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www.fchp.org