

connection

important information for fallon community health plan physicians and providers

july 2006

● every day affairs

health care history in the making

This promises to be a memorable year for Massachusetts. The new health care reform legislation was passed and is making news across the nation as we become the first state to seriously pursue nearly universal health care coverage for all residents.

As FCHP embraces its mission of *making our communities healthy*, we believe this goal is a very positive one and will be an important and groundbreaking effort.

As the law becomes reality, Fallon Community Health Plan will have the flexibility to develop a variety of affordable, high-quality health care options. For example, we will be able to offer lower-cost plans specially designed for young adults ages 19 to 26. There also will be plan designs available that allow individuals and businesses to buy health insurance with pre-tax dollars. The new initiative builds a safety net for individuals who need assistance, and FCHP is in a unique position to offer comprehensive plans for people who qualify to have a portion of their premium paid by the state.

Overall, these health care initiatives encourage personal responsibility for securing health care coverage and will provide for more cost and quality transparency. The approach reinforces FCHP's position that consumers need user-friendly information about physician and hospital costs and performance that's formatted in a way that assists them in making informed personal decisions about their care.

As with any reform of this magnitude, there will be many details to work out—and quickly—that will require real collaboration among government, businesses, health care providers and individuals. FCHP will work closely with everyone involved to put the words on paper into action and to face the challenges ahead. Stay tuned for more information in future issues of *Connection!* ●

two-tier approach for commonwealth employees and retirees

Commonwealth of Massachusetts employees and retirees recently selected their health insurance coverage for the coming year, effective July 1, 2006. This year, FCHP continued to offer FCHP Direct Care and FCHP Select Care, but with a few changes. The most significant change is the "tiering" of primary care physicians in FCHP Select Care, done in collaboration with the Group Insurance Commission's Clinical Performance Improvement initiative. The GIC developed this initiative as a balanced approach to address increasing health care costs.

Fallon Community Health Plan used cost comparison data provided by the GIC to develop two tiers (Value and Value Plus) for all PCPs in our Select Care network. Please note that the tiered structure is only applicable to Commonwealth of Massachusetts members. These Value and Value Plus measurements are used as an indication of a provider's level of cost-efficiency (how well a provider uses resources).

Providers with a Value Plus designation have demonstrated a higher level of cost-efficiency than those with a Value designation. Commonwealth of Massachusetts members who select a PCP with a Value Plus designation will have lower copayments on all services they receive.

We are making it as easy as possible for you to know the correct copayment to collect from your patients who are Commonwealth of Massachusetts employees and retirees. The appropriate copayment will be noted on the patient's FCHP membership ID card and also on our online eligibility tool. ●



fallon senior plan value for “dual eligibles”

Fallon Senior Plan Value is our Medicare Advantage special-needs plan designed for people who are enrolled in both Medicare and MassHealth (Medicaid). Medicare beneficiaries who receive the full MassHealth benefits or those enrolled in the Medicare Savings Programs are eligible to enroll in Fallon Senior Plan Value.

It is important to note that Medicare beneficiaries also enrolled in MassHealth are not subjected to the enrollment restrictions that apply to most Medicare beneficiaries and can change their plans throughout the year. This plan includes comprehensive health and wellness benefits and the new Medicare prescription drug benefit, all for a \$0 premium. Please advise members to contact FCHP’s Customer Service Department at 800-868-5200 (TDD/TTY: 877-608-7677), Monday through Friday from 8 a.m. to 6 p.m. for additional details. ●

preauthorization to be required for speech therapy

Beginning September 1, 2006, Fallon Community Health Plan will require an authorization for outpatient speech therapy services beyond the first visit. This is a change from the former requirement that outpatient speech therapy providers obtain authorization after the initial six visits.

The ordering physician may refer an FCHP member to an in-network plan provider of this service for one visit without seeking approval from FCHP. Please remember that referrals to providers not in our network and/or for services that are not covered benefits still require review for prior authorization by FCHP.

The outpatient speech therapy providers will be asked to submit a request for authorization and a treatment plan for services beyond the initial visit. This will start the authorization review process.

As you know, covered outpatient physical therapy and occupational therapy do not require plan preauthorization. A physician prescription is still required, and therapists must be contracted with FCHP. Members are covered up to their benefit PT/OT maximum. ●

orders only needed for mammograms

Please note: Mammograms (routine and diagnostic) do not require a PCP referral or preauthorization. Only a physician order is needed. ●

let's connect!

npi update

The Centers for Medicare & Medicaid Services announced that, as of May 1, 2006, health care organizations may submit—via Electronic File Interchange, or EFI—providers’ applications for National Provider Identifiers to the National Plan and Provider Enumeration System.

With EFI, a CMS-approved health care organization may submit application data for many providers’ NPIs in a single electronic file that is in a CMS-specified format. This is an alternative to providers having to apply for their NPIs via the Web-based or paper application processes. After the NPPES processes a file, it provides the organization with a downloadable file containing the NPIs of each health care provider submitted.

Before downloading and completing the Certification Statement (available at <https://nppes.cms.hhs.gov>) and registering as EFI organizations, interested health care organizations should consult the Electronic File Interchange materials available from:

- CMS’s National Provider Identifier Web page (www.cms.hhs.gov/NationalProvdIdentStand)
- The NPPES Web page (<https://nppes.cms.hhs.gov>)

A completed Certification Statement must be approved by CMS before an interested health care organization can participate in EFI. ●

do you make your referrals online?

If you currently make online referrals through our Provider Tools, please be sure to notify FCHP when you have a new provider join your group. This will allow us to appropriately update your online referrals access. ●

advice to quit—are you being heard?

Advising your patients who smoke to quit is one of the best things you can do for them! But the percentage of smokers who remember their doctor advising them to quit seems to be slipping, according to CAHPS® measures. Are your patients getting the message? See *Connection* online for tips on getting your advice across to patients and how FCHP can help support your efforts. ●

quality focus

As part of our ongoing commitment to quality, we will regularly highlight some of the HEDIS® measures on which we are currently focusing. This edition of *Connection* highlights a relatively new measure. We ask your assistance in helping our members to improve their health by complying with these measures.

use of spirometry testing for copd

This HEDIS measure assesses the percentage of members, age 40 or older, who received appropriate spirometry testing to confirm a diagnosis of new, or newly active, chronic obstructive pulmonary disease, familiarly known as COPD.

In patients for whom you have a significant suspicion of COPD or have made a provisional clinical diagnosis, please be sure to confirm the diagnosis with spirometry.*

* Recommended by the National Guideline Clearinghouse: www.guideline.gov.

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA). NCQA is an independent, not-for-profit organization that evaluates managed care organizations. ●

help your patients to be health-wise

Now you can give your patients an easy way to obtain additional information on various medical topics—by referring them to Healthwise® Knowledgebase. This service is available free to anyone by logging on to the FCHP homepage (www.fchp.org) and looking for the link to the Healthwise Knowledgebase. This resource can empower your patients to make healthy decisions and increase their awareness of their role in staying healthy. Highlights include:

- More than 3,400 topics on health conditions, medical tests, procedures and medications are available.
- Content is written and reviewed by an expert team of physicians, nurses, medical writers and researchers.
- “Decision Points” help your patients to learn about test and treatment options.
- “Actionsets” give in-depth information and practical tools to help people take action in managing chronic illnesses and gain a sense of control over their health.
- “Interactive Tools” (such as “Are you ready to quit smoking?” and “Are you at risk for a heart attack?”) give patients personal feedback on how they are doing in a certain area.

Spread the word to your patients—and everyone benefits! ●

get medsolutions' contact stickers

MedSolutions' board-certified physicians are available to answer any questions regarding the appropriate use of technology and applications for MRI, CT, PET and nuclear cardiac imaging studies for FCHP members. Clinical guidelines are available to FCHP physicians at www.medsolutions.com. If you would like stickers for your office, please contact Provider Relations at 866-ASK-FCHP, press 4. ●



coding corner

codes for cms voluntary reporting program

HCPCS codes G8006 to G8186 are to be used for the physician's voluntary reporting program in which the Centers for Medicare & Medicaid Services seeks to analyze the quality of care provided to Medicare beneficiaries. Reporting these codes is voluntary. Physicians should not charge for these codes.

Unless otherwise indicated, please report these codes in addition to office visits, home visits, nursing facility and domiciliary evaluation and management codes. For additional information, please see the CMS Web site at www.cms.hhs.gov. FCHP has updated our system to reflect these codes, but they will not be reimbursed separately. ●

prolonged services not separately reimbursable

In accordance with Medicare, effective September 1, 2006, Fallon Community Health Plan will not reimburse separately for prolonged services (codes 99358 and 99359) that do not require any direct patient contact. Payment for these services is included in the payment for direct, face-to-face services that physicians bill. The physician cannot bill the patient for these services since they are Medicare-covered services, and payment is included in the payment for other billable services. ●

script alert

new program offers help with medication management

As a Medicare Part D plan sponsor, FCHP is required to offer a medication therapy management program to our Medicare-eligible members who are considered high-risk. Because we value our members' health, we are pleased to do so.

FCHP's medication therapy management program is for Fallon Senior Plan™ members who are managing at least 10 prescriptions, have three or more chronic conditions* and are spending more than \$4,000 on prescriptions each year. We have contacted Fallon Senior Plan members who are eligible. The program is free and voluntary.

An FCHP pharmacist will assist any of your patients in the program by providing education, monitoring and support to improve adherence to their medication regimen, which is the key goal of the program.

We recognize and appreciate your role as our members' provider. To better assist your patients, we would like to work with you to address any significant clinical changes—to help monitor drug-drug and drug-disease interactions, adverse drug effects and over- or under-utilization of drugs or resources. Our pharmacist also is available to answer any medication-related questions that you may have regarding your patients in the program.

If you have any questions or feedback on how to maximize the usefulness of this important program, please contact FCHP Clinical Pharmacist Mojgan Haji at 866-ASK-FCHP, ext. 69916. We look forward to our collaboration on delivering the best possible care to your patients. ●

** Chronic conditions identified for this program are COPD, depression, diabetes, osteoporosis, hyperlipidemia and hypertension.*

pharmacy authorization approval letters in the mail

Fallon Community Health Plan is now mailing pharmacy prior authorization "service approval letters" to our members who are in fully-funded commercial plans. As with our current service approval process, the referring physician—or, in this case, the prescribing physician—also will be receiving a copy of the Referral Authorization Form for pharmacy prior authorizations. ●

get the latest pharmacy authorization form

In order for FCHP Pharmacy Services to process your pharmacy prior authorization requests in an efficient manner, we ask that you please use the most up-to-date request form. The form can be downloaded at www.fchp.org/providers/resources/pdfs/Prior_Auth_Prescription.pdf. ●

billing bytes

edi update

- **billing reminders**

Please remember that Fallon Community Health Plan requires our providers to submit the patient's 13-digit ID number when submitting claims electronically. The 13-digit ID number is used to identify the correct patient and also is crucial to filing EDI claims under the correct member.

When submitting claims electronically through either a clearinghouse or directly to FCHP, you must send your FCHP-assigned vendor and master vendor numbers. Your vendor number should be sent in box 24K and your master vendor number should be sent in box 33 (in reference to the CMS-1500 form). If you don't have your vendor and master vendor numbers, please call one of our EDI Coordinators at 866-ASK-FCHP (866-275-3247), ext. 69968, or send an e-mail to edi.coordinator@fchp.org.

- **coming attractions**

FCHP is now in the testing phase with two new EDI vendors: Post-N-Track and McKesson. For more information, visit their Web sites, www.postntrack.com and www.mckesson.com, or call one of our EDI Coordinators at 866-ASK-FCHP (866-275-3247), ext. 69968. ●

announcing ras improvements

In an ongoing effort to improve provider service, Fallon Community Health Plan is improving the Remittance Advice Summary. The new format is more user-friendly. Some of the specific changes are:

- The check number and the check date appear at the top of each RAS.
- There is now a legend for denial disposition codes. The legend shows all codes that appear within the RAS. For further descriptions of the denial dispositions, please refer to the billing section of the FCHP Provider Manual at www.fchp.org/providers/manual/J_Billing/index.aspx.
- The spacing on the RAS makes it more readable.
- The RAS is now printed in duplex. Please be sure to review both sides of each page to ensure proper accounting of all claims activity.

We hope you find that these improvements are helpful. If you have any questions about the new RAS, please contact the Provider Relations Department at 866-ASK-FCHP (866-275-3247), press 4. ●

reimbursement for depression follow-up via phone

When a member has been newly diagnosed with depression and receives a prescription for an antidepressant, the FCHP clinical practice guideline for the diagnosis and treatment of depressive disorders in adult primary care patients calls for three follow-up visits within 12 weeks.

One of these visits may now be a telephone visit, which is reimbursable at a rate of \$35. In order to qualify for reimbursement, you must use both CPT code 99372 and a diagnosis code for depression. If you have any questions, please contact the Provider Relations Department at 866-ASK-FCHP (866-275-3247), press 4. ●

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

● get connected ●●●

connection online • july 2006

Your online supplement to *Connection* at
www.fchp.org/providers/resources/connection.aspx contains:

- advice to quit—are you being heard?

Medical policies:

- *Laboratory and pathology payment policy*
- *Member liability policy*
- *Team conferences and telephone consults service policy*
- *Global obstetrical services policy*
- *Timely filing payment policy*
- *Hearing aid and hearing aid exam payment policy* ●

Connection is a bimonthly publication for all FCHP ancillary and affiliated providers. The next copy deadline is July 10, 2006. Send information to Lisa Mancini Peare, Fallon Community Health Plan, 10 Chestnut St., Worcester, MA 01608.

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questions?

866-ASK-FCHP
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