

connection

important information for fallon community health plan physicians and providers

may 2007

● every day affairs

plan design changes

FCHP has adjusted its plan designs and product offerings to respond to our customers' interest in more choice and affordable premiums. We're introducing the following changes, *effective April 1 for new accounts and upon renewal for our existing accounts*:

- An adjustment of the Rx copayments on the **Standard** plans from \$10/20/40 to \$10/25/45.
- An increase in the ER copayment from \$75 to \$100 for **Premium Saver Basic I** as well as all **FCHP Care Choice** options.
- The addition of an out-of-pocket maximum to **Premium Saver 500** and **Premium Saver 1000** plan design options.
- The addition of the **Premium Saver 2000** plan design option.
- **Mail-order pharmacy** will expand its discount of only two copayments for a 90-day supply to apply to Tier-3 drugs, as well as Tier-1 and Tier-2 drugs, for all products and plan design options.*

FCHP also has introduced two new HMO plan design options, called **Premium Saver Value II** and **Premium Saver Basic II**. They contain the same benefits as Premium Saver Value and Premium Saver Basic, but have an Rx copayment of \$10/50/100.

To learn more about each of these plans, you can view our *Summary of Benefits* online in the *Provider Manual* at www.fchp.org or call FCHP Provider Services at 1-800-ASK-FCHP, press 4. ●

* This discount is not available to Fallon Senior Plan™ members, who have a different discount rate.

30th fchp anniversary—spreading the goodwill

FCHP has chosen a different way to celebrate its 30th anniversary this year that we're calling "pay it forward." Our \$30,000 donation will be distributed by employees. Find out more in *Connection* online. ⓘ

fchp is key player in health care reform

Health care reform is on the fast track in Massachusetts, and Fallon Community Health Plan is keeping pace with this landmark legislation.

FCHP is proud to be one of only four health plans in the state participating in the first wave of reform, known as **Commonwealth Care**. This subsidized insurance program, begun in October, is available to residents who meet certain income requirements (at or below 300% of the federal poverty level). We offer a total of four plans, which all use the FCHP Direct Care network.

Now, FCHP is participating in the second wave of reform, called **Commonwealth Choice**. This is not a subsidized health insurance program, but rather a program for individuals and small businesses to purchase health insurance on their own. Members and/or employers will pay a monthly premium.

Enrollment began May 1 for a July 1, 2007, effective date—the deadline when all Massachusetts residents are required to have health insurance under the law. Fallon Community Health Plan is offering a young adult plan and four other plans that fall under "gold," "silver" and "bronze" levels of coverage. The three plan levels all offer comprehensive coverage, including our many value-added features, but vary by price and cost sharing.

For more information about Commonwealth Choice and the FCHP plans available to currently uninsured individuals, please see *Connection* online. ⓘ

new management for masshealth dental

MassHealth has contracted with Dental Services of Massachusetts to manage its dental program. This arrangement started February 1. DSM has a complete customer service team, specializing in dental care. This team will answer dental questions, including questions about MassHealth dental coverage. It also will help members or providers to find a dentist and intervention services.

The phone number for the dental customer service team is 1-800-207-5019 (TTY: 1-800-466-7566), Monday through Friday from 8:00 a.m. to 5:00 p.m. A list of MassHealth dentists is available at www.masshealth-dental.net.

medicare advantage enrollment periods

Some of your patients who are members of a Medicare Advantage plan, like Fallon Senior Plan™, may be unclear about when they can join or leave their plan. There are specific rules about this under the Medicare Modernization Act of 2003. See *Connection* online for information you can pass on to your patients.

let's connect!

"fchp is here."

Perhaps you've seen our logo in your local paper, on the side of a bus or on a billboard in your town. As we continue to expand our service area, this slogan is one way we announce our presence in communities throughout Massachusetts.

We also want you, our providers, to know that "FCHP is here" applies to you as well. In order to ensure that we give you the highest-quality customer service, we recently expanded and reorganized our Provider Relations Department.

internal team

Lea Frantz, Manager, Provider Services, heads up a team of four Provider Services Representatives. They are dedicated to answering your telephone inquiries regarding issues such as referrals, NPI submission and adding or terminating providers, in addition to the various

day-to-day operational questions you may have. Even though they handle an average of 70 to 100 phone calls a day, the Provider Services Representatives are quick, efficient and able to provide you with an immediate response. In order to reach one of our Provider Services Representatives, just call 1-866-ASK-FCHP, press 4.

face-to-face service

At FCHP, we believe that superior customer service begins with a personal connection. In order to maintain our high standards of individualized customer service, our external Provider Relations Representatives are available to offer a wide variety of services. Their role includes personal visits with provider office staff and billing personnel to clarify issues involving policy and procedure, to resolve claims adjudication issues, and to conduct educational trainings or orientation sessions. In order to keep pace with our expansion efforts, we have increased our staff of Provider Relations Representatives.

Our representatives are:

Patricia Haglund, Manager, Provider Relations, ext. 69092

Connie DelRio, ext. 69091

Nicole Lian, ext. 69774

Diane Reilly, ext. 69341

Susan Wilder, ext. 69363

FCHP is pleased to welcome:

Jessica Grupposo, ext. 69737

Gia Taylor, ext. 69818

If you are unsure which representative is assigned to your office or facility, please call Provider Relations at 1-866-ASK-FCHP, press 4.

deadline approaches for national provider identifier

As you know, the National Provider Identifier soon will replace the health care provider identifiers now used in HIPAA-standard transactions. All HIPAA-covered health care providers must obtain an NPI to identify themselves in HIPAA-standard transactions by **May 23, 2007**. Failure to do so could result in payment delays, denials or incorrect allocations.

The NPI is a unique 10-digit number assigned to providers. Individual health care providers are eligible for a Type 1 Individual NPI. If individual health care providers become incorporated, they are eligible for a Type 2 Organization NPI.

If you still need an NPI, you may apply online at <https://nppes.cms.hhs.gov>. You also may authorize an electronic file interchange organization, such as the

Board of Registration in Medicine, to acquire one on your behalf. Go to www.massmedboard.org and select "NPI Reporting Form."

notification process

Providers can send FCHP their NPI in several ways:

- 1) Using our convenient NPI form, located on our Web site, www.fchp.org.
- 2) By submitting a spreadsheet to your provider relations representative with your provider name, address, FCHP legacy number and NPI number.
- 3) Sending a fax to 1-508-368-9902.
- 4) Including your NPI on the credentialing application.

as fchp implements the npi

FCHP has been collaborating on NPI implementation with local providers and payers under the direction of the Mass Health Data Consortium. To comply with HIPAA's NPI rule, FCHP will incorporate the new NPI into our systems alongside existing FCHP legacy numbers, assuring uninterrupted payments to our providers. All FCHP providers should continue to use their legacy number until the compliance date.

claim forms accepted

FCHP accepts all new CMS claim forms, including CMS 1500 (www.nucc.org) and UB04 (www.nubc.org/INFORMATION_ON_UB-04.pdf).

questions

If you have any questions, please contact your Provider Relations Representative at 1-866-ASK-FCHP (1-866-275-3247), press 4, Monday through Friday, 8:30 a.m. to 5:00 p.m. ●

submitting cms 2728 form

Last October, Fallon Community Health Plan started requiring all dialysis units to submit CMS Form 2728, End Stage Renal Disease Medical Evidence Reports, to our Care Services Department.

FCHP is required by the Centers for Medicare & Medicaid Services to verify all members designated with an ESRD status. The CMS 2728 form provides the necessary information for the verification process on initial ESRD status and/or changes to the member's ESRD status.

The CMS 2728 form should be faxed to the FCHP Care Services Department, attention Melissa Stendrup, at 1-508-368-9014. To facilitate accurate verification, please provide a facility contact name on the form so that the Care Services representative may contact him or her with questions or for more information. ●

quality focus

• chlamydia screening reminder

Chlamydia trachomatis is the bacterial cause of chlamydia, the sexually transmitted disease most frequently reported to the Division of STD Prevention of the Massachusetts Department of Public Health. Both the Centers for Disease Control and Prevention and the U.S. Preventive Services Task Force **recommend annual chlamydia screening for all sexually active women aged 25 and younger.**

Usually, chlamydia has no symptoms; it's discovered primarily by testing in a doctor's office. Without treatment, chlamydia can result in a painful infection that may lead to infertility.

Fortunately, advances in testing technology have made **chlamydia screening easier for all concerned.** By using nucleic acid amplification technology, urine specimens as well as vaginal swabs can now be used for testing.

In the past, many young female patients failed to be screened because it required more invasive procedures such as a pelvic exam and endocervical swab specimen. Now chlamydia testing may be more acceptable to them since it can be done by collecting a routine specimen without a pelvic exam. *Please consider this option.*

For more information about the rationale for screening, diagnostic testing and special considerations for adolescents, please visit the Massachusetts Department of Public Health Web site at www.mass.gov/dph/cdc/std.

• antidepressant medication management: the road to remission

- Schedule a minimum of three follow-up visits within the first 12 weeks after a patient is newly diagnosed with depression to monitor symptoms and response to treatment. One appointment must be with a prescriber. *Remember, FCHP now reimburses for a telephone visit.*
- Ensure that the patient is aware of the importance of adhering to the medication regime during the acute phase of treatment (90 days).
- Ensure that the patient is aware of the importance of adhering to the medication regime during the continuation phase of treatment (180 days).

Providers interested in more information about the treatment of depression can visit FCHP's Web site at www.fchp.org/extranet/providers/health_care_guidelines.htm to view our *Clinical practice guideline for the diagnosis and treatment of depressive disorders in the adult primary care patient.* ●

2007 renumbered cpt codes

There are a number of 2006 CPT codes that have been renumbered for 2007 without a change to the code description. These codes were renumbered to allow for more appropriate placement in the CPT coding manual.

Since there is no change to the description, we have cross-walked these codes on all applicable fee schedules. There has been no change to the reimbursement rate of these codes, **so the 2006 rates will apply to the 2007 renumbered codes.** There is a cross-walk of renumbered codes available in the 2007 CPT manual.

If you have any questions, please call Provider Relations at 1-866-ASK-FCHP, press 4. ●

script alert

prescription mail-order tips

We thank you for helping our members use the prescription mail-order service through PharmaCare. It's not only convenient for your patients, but saves them money. Currently, FCHP members* may get a three-month supply of Tier-1 and Tier-2 drugs for the cost of only two copayments. We are expanding this discount to Tier-3 drugs as our accounts renew on their anniversary dates.

Here are a few reminders to ensure that the mail order process goes smoothly for your patients:

- **First-time prescriptions are not candidates for mail order.** It's advisable to write new prescriptions for a one-month supply for pickup at a local pharmacy. This ensures that your patient gets the prescription quickly and allows you time to determine the medicine's effect before ordering larger quantities.
- **Physician may fax a prescription for mail order at 1-800-243-9582.** Please be sure to include the dosage, physician signature, name and address.

- **For mail order, the prescription should be written for a 90-day supply**—the minimum filled by PharmaCare. Your patient would be charged for 90 days, regardless of the prescription amount.
- **Maintenance medications (e.g., for diabetes and high blood pressure) are best.** These are more suited to the larger quantity and mailing timeframes (10 to 14 days).
- **Please review the prescription and its destination (mail order vs. retail) with your patient.** Once your patient receives the medication, it can't be returned—federal and state laws prohibit it—and they'll be charged the prescription copayment.

There is an enormous cost for medications that are unused, wasted, lost, mishandled and misplaced. Thank you for helping us keep these costs down. If you have any questions about FCHP's mail order program, please call Provider Relations at 1-866-ASK-FCHP, press 4.

** This discount is not available to Fallon Senior Plan™ members, who have a different discount rate. ●*

formulary updates

Fallon Community Health Plan often makes changes to its formularies, including changing prior authorization requirements and adding new medications. Please see these changes below to our Medicare Part D formulary.

medicare part d formulary

additions

Balziva® (ethinyl estradiol/norethindrone)	Tier 1
calctriol 1 mcg/ml solution, oral	Tier 1
metoprolol succinate ER 25 mg tablets	Tier 1
oxybutynin chloride ER tablets	Tier 1
pilocarpine tablets	Tier 1
Quasense® (ethinyl estradiol/levonorgestrel)	Tier 1
trimipramine capsules	Tier 1
Duetact® (pioglitazone/glimepiride) tablets	Tier 2
Travatan Z® (travoprost) ophthalmic solution	Tier 2
Advicor® 1000-40 (niacin/lovastatin)	Tier 3
Cesamet® (nabilone) capsules	Tier 3, PA required
Levaquin® (levofloxacin) solution, oral	Tier 3
Soltamox® (tamoxifen) solution, oral	Tier 3

changes

simvastatin	Tier 2 to Tier 1
Avandaryl® (rosiglitazone/glimepiride)	Tier 3 to Tier 2
Tev-Tropin® (somatropin)	Tier 3 to Tier 2 ●

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 • may 2007

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

- 30th fchp anniversary—spreading the goodwill
- fchp is key player in health care reform
- medicare advantage enrollment periods

medical payment policies:

- *Anesthesia payment policy*
- *Neonatal and pediatric critical care services payment policy*
- *Transplant payment policy*

Connection is a bimonthly publication for all FCHP ancillary and affiliated providers. The next copy deadline is **May 7, 2007**. Send information to **Diane Reilly**, Fallon Community Health Plan, 10 Chestnut St., Worcester, MA 01608.

Eric H. Schultz
President and CEO

Dennis A. Batey, M.D.
Chief Medical Officer

Dan Concaugh, Esq.
Vice President, Network Development and Management

Patricia Haglund
Manager, Provider Relations
patricia.haglund@fchp.org

www.fchp.org

questions?
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(866-275-3247)