connection

important information for fallon community health plan physicians and providers

july 2007

every day affairs

npi contingency plan

On May 23, 2007, Fallon Community Health Plan began using the National Provider Identifier as required under the regulations imposed by the Health Insurance Portability and Accountability Act of 1996, known as HIPAA.

Some of our provider partners were unable to meet the compliance deadline. As a result, FCHP is continuing to accept legacy provider numbers from existing provider partners who are currently testing with FCHP or have submitted a written plan that outlines the date they will be able to begin testing. This contingency plan applies only to existing provider partners submitting electronic transactions. After May 23, 2008, FCHP will only accept the NPI numbers.

FCHP is committed to working with providers to become fully compliant, and will look to the Centers for Medicare & Medicaid Services for additional guidance in amending our contingency plan moving forward.

If you have any questions regarding testing, please contact the EDI Coordination Unit at 1-866-ASK-FCHP, ext. 69968. For all other questions, please contact Provider Relations at 1-866-ASK-FCHP, press 4.

palliative care education

Fallon Community Health Plan in collaboration with the Worcester District Medical Society and the Central Massachusetts Partnership to Improve Care at the End of Life sponsored a seminar last March to help guide providers in managing patients diagnosed with a chronic or life-limiting disease.

The seminar, which was the WDMS's first annual Louis A. Cottle Medical Education Conference, was attended by at least 50 area physicians. Dennis Batey, M.D., who serves as FCHP's Senior Vice President and Chief Medical Officer and is also Chair of the Central Massachusetts Partnership, presented a summary of the dying experience in Worcester based on the 2004 S.O.D.I.U.M. study, a "Snapshot of Dying in an Urban Milieu."

Drs. Dennis Batey (right) and Barry Baines consult on their presentations at the seminar.

The seminar successfully assisted attendees to distinguish the difference between hospice and palliative care, understand how the dying experience in Worcester, Mass. compared to national statistics, recognize the role and indication of palliative care consults and how to access local resources for support of patients and families in the dying process.

Barry Baines, M.D., Associate Medical Director for Hospice of the Twin Cities and Chief Medical Officer for UCare Minnesota, joined Dr. Batey in discussing a model of care that combines curative action with palliative care prior to hospice admission. Drs. Batey and Baines urged physicians to consider the humanistic aspects of care—the importance of attending to the psychological, social and spiritual needs of the patient while improving quality of life through symptom control and pain management.

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fallon community health plan

In addition, FCHP and the Central Massachusetts Partnership presented this same medical education seminar the following evening to more than 200 nurses, social workers, case managers and clergy. The audience commended the "knowledgeable speakers," "the worthwhile subject matter" and the free education contact hours.

In keeping with our mission—*making our communities healthy*—FCHP is working to implement a pilot program to provide palliative care consultative services for members diagnosed with chronic or life-limiting disease. We'll continue to update you as we expand this initiative.

For more information about the Central Massachusetts Partnership To Improve Care at the End of Life, go to www.betterending.org.

simplified referrals working well

Referrals are so much easier now.
There is a lot less paper on my desk.
Thank you for making our work a little less complicated.

These are just a few of the comments we received from our providers in the six months since we instituted our improved referral process last January 1. Due to the success of our streamlined referral process, we'll be eliminating both the "PCP Referral" request option within the online referral tool and the paper referral form.

For a complete review of our referral process, please visit the provider section of our Web site, **www.fchp.org,** or **click here**. If you don't have Internet access to the FCHP Online Tools, have questions or would like to request additional training, please contact your provider relations representative at 1-866-ASK-FCHP, press 4.

Please note that the preauthorization requirements have not changed. Preauthorization is a required review process for tertiary, non-contracted, and/or *Peace of Mind Program*™ services. Certain medical procedures also may require preauthorization. Please consult the "**Managing Patient Care**" section of our *Provider Manual* to determine specific medical services that require preauthorization.

We encourage our providers to use our online tool to obtain preauthorization. If you don't have Internet access to the FCHP Online Tools, you may fax a Request for Preauthorization form to our Care Review Department at 1-508-368-9700. Our Care Review Department will make a determination within 48 hours of receiving all the requested medical documentation. We appreciate your adherence to this protocol, which is designed to reduce claim denials and appeals.

let's connect!

health care reform update

Health care reform in Massachusetts is in full swing, and the deadline for individuals to have health insurance is upon us.

The state-subsidized **Commonwealth Care** program, in which Fallon Community Health Plan participates, already has enrolled more than 70,000 residents, and equally as many remain eligible.

Attention now has turned to enrollment in **Commonwealth Choice**. This program allows individuals and small businesses to purchase health insurance on their own through the state's oversight agency, known as the Health Connector. The Health Connector has a Web site, **www.MAhealthconnector.org**, where you can learn about the program and compare plans.

FCHP is one of six health plans participating in the Commonwealth Choice program. In addition to a young adult plan (ages 19 to 26), FCHP has different plan designs in the gold, silver and bronze levels of coverage designated by the Health Connector. The plans use both the FCHP Select Care and FCHP Direct Care networks.

What does this new phase of health care reform mean to our providers? Business as usual. Members enrolled through Commonwealth Choice will be purchasing existing FCHP products. The only difference will be how they are enrolled. ID cards for Commonwealth Choice members will look exactly the same as our existing HMO plan ID cards except for a watermark of the Health Connector logo (at right).

Individuals also may come directly to FCHP to choose from a variety of affordable plan options. If you have patients who need insurance, they may call us at 1-888-PWR-FCHP (that's 1-888-797-3247) (TDD/TTY: 1-877-608-7677), visit us online at **www.fchp.org/Extranet/Looking** or e-mail us at **joinfchp@fchp.org**.

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

out-of-area hemodialysis covered up to 4 weeks

With summer upon us, we want to be sure that your FCHP patients who receive hemodialysis have the opportunity to spend time away with their families. Therefore, to allow our commercial HMO members to go on vacation or out of the area for work or family-related commitments at any time, **we'll arrange and provide coverage for out-of-area hemodialysis at a designated facility for a maximum of four weeks per calendar year.**

These services must be preauthorized to allow us the appropriate time for scheduling and making payment arrangements with the dialysis facility. When hemodialysis has been arranged, FCHP will send the patient and the requesting physician an authorization letter. The letter will specify the services and dates that have been authorized, and the name and address of the facility. Services that have not been authorized will not be covered.

For information about our preauthorization process, please refer to FCHP's *Provider Manual.*

update on the tetanus vaccine

The Massachusetts Department of Health has issued new guidelines based on recommendations by the federal Advisory Committee on Immunization Practices and the Centers for Disease Control and Prevention.

If you are administering a tetanus booster to patients under the age of 65, you may use either Td (tetanus, diphtheria) or Adacel®. Adacel contains pertussis vaccine as well as Td, and it should be given once in a single dose to patients between the ages of 11 and 64. Adacel® is not indicated for patients older than 64.

For your patients who are 65 and older, the only acceptable tetanus booster is the Td. At this time, there is no pertussis-only vaccine available in the U.S.

quality focus

• kudos to our provider network!

Thanks to all of our providers and their office staff for helping us with our yearly Health Plan Employer Data and Information Set (HEDIS®) survey. We're grateful for your cooperation and support.

Specifically, we want to thank all of you who completed provider abstraction sheets and/or copied and sent us the medical records requested in the beginning of the year. We realize that the data collection process can be time-consuming. Without this information, we would be unable to participate successfully in the HEDIS process. We look forward to continuing our work together to ensure that your patients who are FCHP members receive health care of the highest possible quality.

FCHP improved or maintained our rates in most measures since last year's HEDIS survey. In 2007, we're focusing on improving rates on several key measures, including diabetes, asthma, antidepressant medication management, postpartum care and well visits.

In the provider section of our Web site, **www.fchp.org,** you can find a **HEDIS chart** that describes the quality measures and the screenings or tests needed for compliance. Click on the resources link. We'll update this resource to include any changes for HEDIS 2008.

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

script alert

drug safety issues

• sleep disorder medications

The U.S. Food and Drug Administration has requested that all drug manufacturers of sedative-hypnotic drug products, which are drugs that help people to sleep, now include all the risks in their promotions of the drugs. The FDA also asked manufacturers to develop patient medication guides to warn about the risks and the use of alcohol or other medications that work on the central nervous system.

These medications include: Ambien®/Ambien CR®; Butisol® Sodium; Carbitral®; Halcion®; Lunesta®; Prosom®; Restoril®; Rozerem® and Sonata®.

There are several risks or potential side effects that range from severe allergic reactions and severe facial swelling to sleep-driving (driving while not fully awake, and having no memory of it) and sleep-eating (preparing and eating food while not fully awake and having no memory of it).

• medications used to treat anemia

Recently, serious safety and efficacy issues have been raised with the use of **erythropoietin** products. One issue concerns oncology patients who are given erythropoietin for anemia *that is not induced by chemotherapy.* These patients now have been shown to have a greater mortality rate than patients who didn't get the erythropoietin.

Another issue is that, in certain types of cancer, overall survival has been shortened in patients given erythropoietin. Finally, in other patient types, the use of

erythropoietin hasn't been associated with a decrease in the number of transfusions needed. The FDA is warning physicians to only use the lowest possible dose.

On March 9, drug manufacturers agreed to use "black box" warnings about the drugs' safety. At a March 22 congressional hearing on the safety of erythropoeitics, manufacturers were asked to suspend drug rebate programs for physicians and suspend their marketing to consumers.

For details about the issues surrounding the use of erythropoietins for people with and without cancer, see the FDA's March 9 Alert to physicians at **www.fda.gov/cder/drug/InfoSheets/HCP/RHE2007HCP.htm**

• efficacy and use of antidepressants

Efficacy: A review of nearly 200 studies conducted by the Agency for Healthcare Research and Quality found that second-generation antidepressants had similar efficacy—and there's no data that can be used to predict which products to use for which patients.

Overall, the review found that 38% of patients didn't respond favorably during a six- to 12-week course of treatment with these antidepressants and that 54% didn't achieve remission.

The review compared 12 different products: bupropion, citalopram, duloxetine, escitalopram, fluoxetine, fluvoxamine, mirtazapine, nefazodone, paroxetine, sertraline, trazodone and venlafaxine. The disease states included major depressive disorder, dysthymia and subsyndromal depression.

Maintenance of response/remission: Results of three head-to-head randomized clinical trials found no substantial differences between fluoxetine and sertraline, fluvoxamine and sertraline, and trazodone and venlafaxine for maintaining response or preventing relapse of major depressive disorder.

Tolerability: All second-generation antidepressants had similar adverse side effects. A mean of 61% of all patients in efficacy trials had an adverse event. Nausea and vomiting were the most common reasons for discontinuing therapy. Venlafaxine was associated with a 10% higher incidence of nausea and vomiting than SSRIs as a class.

Pooled discontinuation rates due to adverse events also were significantly higher statistically for venlafaxine than for SSRIs. Sertraline had a higher incidence of diarrhea, and mirtazapine was associated with higher weight gains. Buproprion was associated with lower sexual dysfunction incidence and paroxetine the highest sexual dysfunction. ●

formulary updates

Fallon Community Health Plan often makes changes to its formularies, including changing prior authorization requirements and adding new medications. Please note the following changes to our commercial plan formulary.

commercial plan formulary

additions

Allegra® (fexofenadine) suspension	Tier 3, QLL 150 ml per 30 days
Celebrex® (celecoxib) 50 mg capsules	Tier 2, PA required
Coreg CR™ (carvedilol)	Tier 2, PA required, QLL 30 per 30 days
Januvia™ (sitagliptin)	Tier 3, PA required, QLL 30 per 30 days
Olux-E™ (clobetasol) .05% aerosol	Tier 3, PA required
Pataday™ (olopatadine) .2% solution	Tier 3
Tyzeka™ (telbivudine)	Tier 3, PA required, QLL 30 per 30 days
Vectibix™ (panitumumab)	Medical Benefit, PA required
Veramyst™ (fluticasone) spray	Tier 3
Zolinza™ (vorinostat)	Tier 3, PA required

changes

Diflucan® (fluconazole)	PA removed, QLL tablet and suspension added
Zonegran® (zonisamide)	PA removed

new to market policy*

Brovana™ (aformoterol) nebules
Desonate™ (desonide) gel
Invega™ (paliperidone)
Janumet™ (sitagliptin/metformin)
Lialda™ (mesalamine DR)
Pylera™ (bismuth/metronidazole/tetracycline)
Soliris™ (eculizumab)
Tekturna® (aliskiren)
Tykerb® (lapatinib)

** FCHP's New to Market Policy was enacted to ensure patient safety and to allow for adequate time for the development, review and approval of clinical criteria. When a new medication first becomes available, it will fall under this policy and be excluded from coverage. A process is in place that allows for the quick review of provider requests for noncovered pharmaceuticals.* ●

code changes

Please note the following code changes.

Effective immediately, the following code *is covered*.

A4463	Surgical dressing holder, reusable, each

As of September 1, 2007, the following codes *will no longer be covered*.

A4600	Sleeve for intermittent limb compression device, replacement only, each
A4601	Lithium ion battery for non-prosthetic use, replacement
A8000	Helmet, protective, soft, prefabricated, includes all components and accessories
A8001	Helmet, protective, hard, prefabricated, includes all components and accessories
A8002	Helmet, protective, soft, custom fabricated, includes all components and accessories
A8003	Helmet, protective, hard, custom fabricated, includes all components and accessories
A8004	Soft interface for helmet, replacement only
A9279	Monitoring feature/device, stand-alone or integrated, any type, includes all accessories, components and electronics, not otherwise classified
E0676	Intermittent limb compression device (includes all accessories), not otherwise specified

Effective September 1, 2007, the following code *will no longer be separately reimbursed*.

A4559	Coupling gel or paste, for use with ultrasound device, per ounce

Effective September 1, 2007, the following code *will require prior authorization*.

L8614	Cochlear device, includes all internal and external components

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 2007

Medical payment policies:

- Counseling and/or risk factor reduction intervention services payment policy
- Global obstetrical services payment policy
- Hearing aid and hearing exam aid payment policy
- Home grown codes payment policy
- Laboratory and pathology payment policy
- Member liability payment policy
- Timely filing payment policy

Connection is a bimonthly publication for all FCHP ancillary and affiliated providers. Send information to **Diane Reilly**, Fallon Community Health Plan, 10 Chestnut St., Worcester, MA 01608, or e-mail diane.reilly@fchp.org

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