

connection

important information for fallon community health plan physicians and providers

september 2006

● every day affairs

improving our referral process

You've been sharing with us your ideas for improving our processes—and we've been listening. Recently we added a member look-up by name and date of birth to our online referral and eligibility Provider Tools. Now we're working to improve our PCP referral process in a way we think will be viewed favorably by our participating providers. Please stay tuned for further details on this upcoming referral process improvement in the November issue of *Connection*. ●

\$0 copayment for routine physical exams

More than a year ago, Fallon Community Health Plan introduced a benefit that has become very popular with our members. FCHP Direct Care and FCHP Select Care members* have no copayments for office visits with their primary care physician or gynecologist for **routine physical exams**. Also, well-child visits for dependent children (to age 19) are covered in full.

Routine physical exams are given by a member's primary care physician, defined as an internal medicine or family practice physician, a pediatrician, nurse practitioner or physician assistant associated with the member's PCP, as well as a member's gynecologist. Routine physical exams are in accordance with Massachusetts Health Quality Partners recommended guidelines for wellness visits.

We've informed our members that routine "wellness" exams focus more on determining their risk of disease and recommending preventive measures—and should not be a substitute for a regular "sick" visit as needed. Please take a moment to help your patients understand the difference between these types of office visits.

We're proud to be the only health plan in Massachusetts to offer this benefit, making preventive care easier and more affordable for your patients.

* Benefits may vary by employer. ●

health care reform in action

In April, Gov. Mitt Romney signed into law landmark legislation to provide nearly universal health care coverage to residents of the Commonwealth of Massachusetts. Full implementation of the plan is expected by July 1, 2007. The legislation has several goals: reduce the number of uninsured Massachusetts residents; improve public health; empower consumers through choice, quality and comparative information; and retain the state's Medicaid funding from the federal government.

new dependent age guidelines

As part of the new law, the age range for dependent health care coverage was immediately expanded. **FCHP is at the forefront of implementing this standard**, which extends dependent coverage to age 26 or two years after the loss of dependent status, whichever comes first. This means that a dependent over the age of 19 no longer has to be a student to be eligible for dependent coverage.

continued, page 2



In order for a dependent to be covered on an FCHP plan, the dependent must be:

- under the age of 26
- a Massachusetts resident. There are two exceptions:
 - Dependents on PPO plans
 - Full-time students who are attending school outside of Massachusetts but maintain their legal residency in Massachusetts can remain on the plan, but are only covered for selected services (including emergency services) while outside the plan service area.
- Unmarried
- Considered a qualified dependent or has been considered a qualified dependent within the past two years—with both scenarios based on IRS guidelines

FCHP sent its employers and brokers a detailed explanation of the new criteria and verification process. We also sent an FYI notification letter to those groups (federal employees and ASO groups) that are not affected by this change.

Eligibility for dependents varies by employer group, and some employers have their own certification process. Employees enrolled on a group product should consult with their employer. If an individual subscriber does not receive coverage through a group plan, then he/she can notify FCHP at any time about their intention to continue coverage for an eligible dependent. At the beginning of the year, FCHP will send an annual verification letter and form to subscribers who have dependents between the ages of 20 and 26 years old.

FCHP will continue to keep you up to date as we work to meet other aspects of this groundbreaking legislation.

For more information, please call Provider Relations at 866-ASK-FCHP, press 4. ●

state expands cost and quality information

The new health care reform law creates a Health Care Quality and Cost Council to set quality improvement and cost containment goals for the Commonwealth. The council resides in the Executive Office of Health and Human Services, but is governed by a board consisting of public and private members.

One of the council's responsibilities is to maintain a Web site for consumers and purchasers that includes cost and quality information on health care services. Information on the existing state Web site will be expanded and must include comparative cost information by January 1, 2007. This feature will foster greater transparency and accountability on the part of providers and insurers while better informing consumers and purchasers who are making health care choices.

The law requires **disclosure of average charges and payments accepted** for certain commonly performed services at hospitals, physicians' offices and other providers, such as community health centers. It also allows for additional data collection and working with other interested parties to develop quality measures for various procedures, and disclosing this information in a similar manner.

Many individuals and organizations, including Fallon Community Health Plan, have been proponents of making information available on the cost and quality of health care services. Having this data accessible to the public, as well as to providers, employers and health plans, is important to improving the effectiveness of the health care system.

Cost and quality data can be found at www.mass.gov. In the search engine, type "health care quality and cost information." ●

senior expo coming

Alert your patients! Fallon Senior Plan™ is inviting seniors and caregivers to attend a Senior Spectacular expo on Tuesday, October 24, at the DCU Center in Worcester. There is no cost to attend the event, and it's open to the public. Fallon Senior Plan will be a presenting sponsor of the event.

The day includes entertainment, workshops, exhibits, health screenings and seminars. Many exhibitors will be on site to provide information on different products and services. Last year we had more than 1,000 people attend during a nor'easter. This year we have high hopes for good weather and thousands of attendees. ●

fchp expanding to western mass.

Fallon Community Health Plan has filed a request with the Massachusetts Division of Insurance to offer FCHP Select Care in Franklin, Hampden and Hampshire counties and will add Berkshire County in the near future. This is a continuation of FCHP's network growth in 2006 that has seen the addition of some 2,200 new physicians and several major hospitals throughout the state.

"FCHP's unique benefits, excellent clinical services and high level of customer service will make us an attractive health plan option for businesses and individuals from Boston to Springfield and beyond," said Eric H. Schultz, FCHP President and CEO. "We look forward to establishing very positive relationships with the physicians who have joined our network this year."

In *Connection* online, you'll find a complete list of hospitals and medical centers in the FCHP network.

fchp western mass expansion in brief

hospitals:

- Baystate Medical Center in Springfield
- Cooley Dickinson Hospital in Northampton
- Holyoke Medical Center in Holyoke
- Mercy Medical Center in Springfield
- Noble Hospital in Westfield
- Franklin Medical Center in Greenfield
- Baystate Mary Lane Hospital in Ware

nearly 1,500 PCPs and specialists

- Baycare Health Partners
- Cooley Dickinson Physician Hospital Organization
- Noble Health Alliance
- Mercy Medical Center
- Holyoke's Valley Health Partners 

copayment exceptions

As you may know, members enrolled in both FCHP's Premium Saver Value and Premium Saver Basic plans pay higher copayments to see specialists than they do for PCP visits. **A few exceptions** fall within the lower copayment amount. They include OB/GYN, physical therapy, occupational therapy, speech therapy, chiropractic, mental health/substance abuse and routine eye exams.

Recently, we have added podiatry to the list of exceptions. As a result, members will now be charged the lower copayment amount for podiatry visits. If you have any questions, please call Provider Relations at 866-ASK-FCHP, press 4. If your patient should have a question regarding this change, please refer them to FCHP Customer Service at 800-868-5200. ●

reporting fraud

Fallon Community Health Plan is committed to detecting, investigating and resolving instances of error, fraud and abuse. Reducing fraud and abuse is essential to maintaining strong and affordable health care. If you suspect fraud or abuse, please contact our toll-free Compliance Hotline at 888-203-5295. ●

● let's connect!

quality focus

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

follow-up care for children prescribed adhd medication

ADHD is one of the more common chronic conditions of childhood. This HEDIS measure consists of two rates that assess follow-up care for children ages 6 to 12 who have been prescribed an ADHD medication.

The first part of the measure considers whether a prescribing provider saw the child at least once during the 30-day initiation phase. The second part of the measure looks for at least two follow-up visits with a prescribing provider during the continuation phase (days 31 through 300).

While the frequency of monitoring depends on the degree of dysfunction, complications and adherence (and there are no controlled trials that clearly document the appropriate frequency of follow-up visits), once the child is stable, an office visit every three to six months allows for assessment of learning and behavior.¹

¹ American Academy of Pediatrics. Clinical Practice Guideline: Treatment of the School-Aged Child With Attention-Deficit/Hyperactivity Disorder. Pediatrics 2001 108(4): 1033-1044. (<http://aappolicy.aappublications.org/cgi/content/full/pediatrics;108/4/1033>)

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

recognizing postpartum depression

by Barbara Earing, L.I.C.S.W., Beacon Health Strategies

Postpartum depression is the most common complication of childbearing. Despite recent media attention, it remains under-diagnosed and under-treated. The importance of identifying and treating postpartum depression goes far beyond concern for the well-being of the mother. Postpartum depression has been shown to have an adverse impact on mother-infant attachment and late infant development, as well as adolescent development. Learn more in this *Connection* online article. ⓘ

domestic violence: you can make a difference

by Donna Watson, L.I.C.S.W., Beacon Health Strategies

A 2002 national study of domestic violence found that 29% of women and 22% of men had experienced physical, sexual or psychological abuse by an intimate partner during their lifetime. Domestic violence occurs in every community, across social class and in all ethnic and religious groups, including immigrant and refugee populations. All health care professionals who are providing care are treating patients affected by domestic violence and are in a position to identify and intervene on behalf of victims. Learn how you can make a difference. See our article in *Connection* online. ⓘ

● billing bytes

update: phone follow-up for depression

As reported in the July *Connection*, the FCHP clinical practice guidelines for the diagnosis and treatment of depressive disorders in adult primary care patients calls for three follow-up visits within 12 weeks, one of which may now be a telephone visit. To qualify for reimbursement, you must use both CPT code 99372 and a depression diagnosis code.

CPT code 99372 has been added to the FCHP auxiliary fee schedule at a rate of \$35. You must apply the appropriate inflator, as indicated in your contract, to obtain your contracted rate.

Only providers who are currently being reimbursed according to the FCHP auxiliary fee schedules will be affected by this update. Please contact your contract manager at 866-ASK-FCHP if you have any questions regarding rate information. ●

● script alert

formulary updates

Fallon Community Health Plan has made several changes to its formularies, including changing prior authorization requirements and adding new medications. Please see *Connection* online for the list of changes to our commercial plan and our Medicare Part D formularies. ⓘ

coding corner

code s2900 reimbursement

Effective November 1, 2006, FCHP won't separately reimburse for code S2900—surgical techniques requiring use of robotic surgical system (list separately in addition to code for primary procedure). If you have any questions, please contact Provider Relations at 866-ASK-FCHP, press 4. ●

changes to preauthorization list

The following codes no longer require a preauthorization:

11055	Paring or cutting of benign hyperkeratotic lesion
11719	Trimming of nondystrophic nails, any number
11720	Debridement of nail(s) by any method(s); one to five
11721	Debridement of nails by any method(s); six or more

The following codes will require a preauthorization, effective November 1, 2006.

86812	HLA typing; A, B, or C (e.g., A10, B7, B27), single antigen
86813	HLA typing; A, B, or C, multiple antigens
86816	HLA typing; DR/DQ, single antigen
86817	HLA typing; DR/DQ, multiple antigens

The following codes will not be covered, effective November 1, 2006.

E0764	Functional neuromuscular stimulator, transcutaneous stimulation of muscles of ambulation with computer control, used for walking by spinal cord injured, entire system, after completion of training program (not covered for commercial plan members only as of 11/1/06)
S0345	Electrocardiographic monitoring utilizing a home computerized telemetry station with automatic activation and real-time notification of monitoring station, 24-hour attended monitoring, including recording, monitoring, receipt of transmissions, analysis, and physician review and interpretation; per 24-hour period
S0346	Electrocardiographic monitoring utilizing a home computerized telemetry station with automatic activation and real-time notification of monitoring station, 24-hour attended monitoring, including recording, monitoring, receipt of transmissions, and analysis; per 24-hour period
S0347	Electrocardiographic monitoring utilizing a home computerized telemetry station with automatic activation and real-time notification of monitoring station, 24-hour attended monitoring, including physician review and interpretation; per 24-hour period ●

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 • september 2006

Your online supplement to *Connection* at

www.fchp.org/providers/resources/connection.aspx contains:

- formulary updates
- recognizing postpartum depression
- domestic violence: you can make a difference
- fchp's network of hospitals and medical centers

Medical policies:

- *Assistant surgeon payment policy*
- *CRNA payment policy*
- *Eye examinations and refraction payment policy*
- *Global surgical payment policy*
- *Inpatient medical review and payment policy*
- *Medical supplies and surgical dressings payment policy*
- *Nurse midwife payment policy*
- *Nurse practitioner/physician assistant payment policy*
- *Obstetric anesthesia payment policy*
- *Well-baby/well-child care visits policy*

Connection is a bimonthly publication for all FCHP ancillary and affiliated providers. The next copy deadline is September 11, 2006. Send information to Lisa Mancini Peare, 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

Lisa Mancini Peare
Director, Provider Relations

www.fchp.org

questions?
866-ASK-FCHP
(866-275-3247)