

Connection

March 2014

Important information for Fallon Health physicians and providers

In this issue

What's new

- We're changing our name, but not our mission or values
- Dr. Aggarwal named Chief Medical Officer
- Launching SmartChoice program for high-tech radiology

Doing business with us

- EDI claim submission – rendering provider (FH and FTC)
- EDI – Claims clearinghouse payer IDs (FTC only)

Product spotlight

- Fallon Health plan design changes for April 1
- Solutions add up to more than MassHealth & Medicare

MassHealth update

- MassHealth plan changes in 2014

Let's connect

- Fallon Health recipient of two awards
- Our Info Center – screenings and classes
- Testing Wisely – Antipsychotic medication

Compliance

- HHS fines Massachusetts provider \$150,000
- ICD-10 transition updates
- Reporting fraud, waste and abuse

Medical policy updates (5)

Payment policy updates (5 revised)

Coding corner

- New 2014 CPT/HCPCS codes final
- Code updates

What's new

We're changing our name, but not our mission or values

Fallon Community Health Plan recently announced that it will now be doing business under the name Fallon Health.

We are a company on the move. We are not only a health plan, but a health care services organization—and more. We are recognized locally and nationally for our expertise in coordinated care and wellness programs, financial and risk management, and innovative network and product design.

Fallon Health is more than a name. It unifies us and presents a clearer picture of whom we are today and who we will be tomorrow. We have woven together products, services and programs that are customized for a diverse population of all ages, income levels and health statuses. What separates us from our competitors is that we combine our unique perspective and clinical experience with our genuine and personal concern for individual and community wellness.

We are unifying all that we are under one new logo. The single logo will be used for all products and services, including NaviCare®, Summit ElderCare®, Fallon Total CareSM and Plan Innovations. The changes are subtle, and the transition will be gradual, but we think they will help you better connect who we are with what we do. Thank you for your ongoing partnership with us, which continues to be so much a part of our mission and vision.

We invite you to visit our website, fallonhealth.org, to view our video and other materials that reveal more about our brand update.

If you have questions, please call the Provider Relations Department at 1-866-275-3247, option 4. ■



Dr. Aggarwal named Chief Medical Officer



In our January *Connection* online issue, we announced the “breaking news” that Sarika Aggarwal, M.D., had accepted the position of Chief Medical Officer. If you missed the announcement, please read on!

Dr. Aggarwal had been serving as Interim Chief since August 2013, working closely with leadership across the health plan to drive and support the successful execution of our strategic goals.

Previously, Dr. Aggarwal was Fallon Health’s Vice President of NaviCare® Clinical Programs. She brings extensive and valuable experience to her new role, including being the Lead Physician at Shrewsbury Primary Care, the Medical Director in the Office of Clinical Integration at UMass Memorial, and an assistant professor of medicine at UMass Medical School.

Fallon Health President and CEO Patrick Hughes notes, “Dr. Aggarwal is a well-respected leader and valuable contributor, and we are fortunate to have her in this role.”

If you have comments or suggestions for Dr. Aggarwal, she encourages you to contact her at 1-508-368-9242 or via email at Sarika.Aggarwal@fchp.org. ■

Launching SmartChoice program for high-tech radiology

Effective April 1, 2014, Fallon Health is introducing a new program, called SmartChoice, which is applicable to our fully insured commercial HMO members.

SmartChoice is a high-tech radiology (CT, MRI) program administered by our high-tech radiology vendor, MedSolutions. As a built-in component of your standard communication with MedSolutions for such screenings, MedSolutions will recommend more affordable high-tech radiology facilities you might use when you select a higher-cost location for your initial request.

The cost of high-tech radiology services varies greatly, and the savings associated with cost-conscious referrals can add up significantly for both our health plan and our members. As such, both provider and member engagement is a part of this program.

It’s important to note that this program is voluntary for both you as the provider and for the member. If you choose to send your patient to a higher-cost location, MedSolutions will reach out to your office and/or our member to educate on other more cost-effective, and often more convenient, options.

For additional details about SmartChoice, please call 1-866-275-3247, write to askfchp@fchp.org, or refer to the *Radiology Prior Authorization Utilization and Management Guide*. ■

Doing business with us

EDI claims submission – rendering provider (*Fallon Health and Fallon Total Care*)

For 837P claims, please be sure to submit the rendering provider at the claim level (Loop 2310B). Claims submitted with the rendering provider at the claim line level (Loop 2420A) may be denied for incorrect billing.

If you have any questions, please contact an EDI Coordinator at 1-866-275-3247, option 6, (Fallon Health) or 1-855-508-4715, option 6 (Fallon Total Care). ■

EDI – Claims clearinghouse payer IDs (*Fallon Total Care only*)

We recently confirmed Payer IDs with three contracted clearinghouses. When you submit claims to Fallon Total Care through one of these clearinghouses, please use the appropriate Payer ID.

- ▶ **Relay Health**
Institutional: 6643
Professional: 6744
- ▶ **Emdeon:** 45559
- ▶ **Capario:** 45559

If you have any questions, please contact a Fallon Total Care EDI Coordinator at 1-855-508-4715, option 6. ■

Product spotlight

Fallon Health plan design changes for April 1

This year, we are making few changes to our commercial product plan designs for small businesses and individual consumers (aka, the merged market). The changes are effective for new business beginning April 1, 2014, or upon anniversary renewals, and apply to our Steward Community Care, Direct Care, Select Care and Fallon Preferred Care (PPO) products.

Overview of changes

► We are introducing three new plan designs:

1. Coinsurance 20%
2. Deductible 3000 (Employers fund \$1,000 individual/\$2,000 family of the deductible.)
3. QHD 3000 HSA (This is a Qualified High Deductible plan with a Health Savings Account.)

► We are lowering the retail and mail order prescription drug copayment for certain plans:

Deductible 500^{14.4}; Deductible 1500 Classic^{14.4}; and Deductible 2000 Classic^{14.4} (tiers 3 and 4) and Coinsurance 10%^{14.4} in tier 4 only.

► The out-of-pocket maximum (OOPM) will increase to \$5,000/\$10,000 on the Deductible 1000^{14.4}, Deductible 1500^{14.4} and Deductible 1500 Classic^{14.4} plan designs.

Beginning in April, you'll find benefit summaries for these products on our website at fchp.org/employers/general-plan-information/benefit-summaries. If you have any questions, please call the Provider Relations Department at 1-866-275-3247, option 4. ■

Solutions that add up to more than MassHealth, more than Medicare

You see it all the time—age 65-and-over patients who don't have the financial resources to get necessary health care items and services. Fallon Health's NaviCare® HMO SNP and NaviCare® SCO offer great solutions.

If one of your patients is having any of the following difficulties, please make a referral to NaviCare:

- Perhaps you have a patient who can't afford copayments, medications, or the dental services, hearing aids, eyeglasses or wheelchair they need.
- Perhaps your patient misses appointments because of transportation issues or fails to follow through on your recommendations.
- You might be aware that a patient wants to avoid moving to a nursing home but really needs more help at home with bathing, dressing, housekeeping and other tasks. They might also benefit from more socialization.
- Maybe your older patient sees multiple providers and needs help coordinating medical, social, behavioral health and other services.

By referring to NaviCare, you give your patient a chance to receive benefits above and beyond what MassHealth and Medicare provide. We help with the MassHealth eligibility review forms, too. And there is no cost to your patient. Learn more at navicare.org.

Give us a call today at **1-877-255-7108** (TRS 711), between 8 a.m.–8 p.m., Monday–Friday (October 1–February 14, seven days a week). ■

MassHealth updates

MassHealth plan changes in 2014

Fallon Health has been selected to offer the new MassHealth CarePlus benefit plan in Central and Northeastern Massachusetts.

MassHealth CarePlus replaces the MassHealth Basic and MassHealth Essential programs and will cover individuals currently in other programs, such as Commonwealth Care (up to 138% FPL only).

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All of our MassHealth members (Standard, CommonHealth, Family Assistance and CarePlus) have the same member ID card format, provider network and formulary—and follow the same program requirements, including utilization management.

Our existing MassHealth Basic and MassHealth Essential members will be moved to the new CarePlus benefit design, but they will retain their existing providers. All existing authorizations will also remain in place for current members. ■

Let's connect

Fallon Health recipient of two awards

We are proud to share with you the news that Fallon Health was recently named **Best Health Insurance Provider (HMO/PPO)** in the *Worcester Business Journal's (WBJ)* first Best of Business awards competition. Thank you for being our partner in providing excellent care to our members.

From October through early December, more than 1,600 *WBJ* readers voted for the "best" businesses in Central Massachusetts across 51 categories. The Best of Business winners were featured in the January 21 print edition of the *Worcester Business Journal*, and honored at a January 29 event.

This award is in addition to previous recognition we received from *WBJ* last November as its 2013 **Top Workplace in the category of Education, Training and Career Development**. We seriously invest in our employees with innovative benefits, recognition and wellness programs as well as extensive education and training alternatives. This translates into employees who are not only fully invested in and enthusiastic about their role in our organization, but also ready to meet the needs of the communities we serve and exceed expectations for service. ■

Fallon Information Center classes and screenings

If you're in the Central Mass. area, we hope you'll stop by to visit us or encourage your patients to drop in to take a class or get a health screening at our Information Center in the White City Shopping Center, located on Route 9 in Shrewsbury. We'd love to assist you!

Upcoming classes and screenings:

- **Blood pressure screenings:**
Tuesdays, 9:00 a.m. to 10:30 a.m.
- **Gentle Yoga:**
Tuesdays, 10 a.m. to 11 a.m.
- **Yoga Flow:**
Tuesday, 6:15 p.m. to 7:15 p.m. and
Thursdays, 6:45 p.m. to 7:45 p.m.
- **Taking Care of You!**
(a four-week stress-reduction program):
Session begins March 13, 2014,
Thursdays, 5:30 p.m. to 6:30 p.m.

New Provider Speaker Series

This spring, we're thrilled to be introducing a Provider Speaker Series at the Information Center. All are welcome, but pre-registration is required because space may be limited.

The series launches on **Monday, March 24**, 6 p.m. to 7 p.m., with ***My Aching Back***, featuring guests Gerald T. McGillicuddy, M.D., and Arno S. Sungarian, M.D., of Worcester Neurosurgery, talking about the prevention and management of acute lower back pain.

On **Friday, April 18**, noon to 1 p.m., the series focuses on ***Weight-Loss Surgery***. John Kelly, M.D., Chief of General Surgery at UMass Memorial Weight Center, demystifies weight-loss surgery (also called bariatric surgery). He'll discuss how the procedure works, who the candidates for this surgery are and how it can improve an individual's health.

On **Monday, April 28**, 6 p.m. to 7 p.m., we host ***Living with Diabetes***. David M. Harlan, M.D., Chief of Diabetes and Co-Director of the UMass Memorial Diabetes Center of Excellence, will discuss achievements in the treatment of the disease, the importance of self-management and nutrition, and counseling for behavior modifications.

For more information or to register for classes, your patients may call our Health Promotions department at 1-888-807-2908, option 4, Monday – Friday, 8 a.m. – 5 p.m. Also, visit fchp.org/infocenter. ■

Testing Wisely – Antipsychotic medication



An initiative of the ABIM Foundation

To continue our “Testing Wisely” series, we turned our focus to the Choosing Wisely® campaign recommendations regarding the prescription of antipsychotic medications.

As you may recall, Choosing Wisely is an initiative of the ABIM Foundation that aims to raise awareness about the overuse of certain tests. The campaign also seeks to help physicians and patients engage in conversation and promote partnership in making effective care choices that are based on each patient’s individual situation.

The American Psychiatric Association makes the following five recommendations for the Choosing Wisely campaign:

1. Don’t prescribe antipsychotic medications to patients for any indication without appropriate initial evaluation and appropriate ongoing monitoring.
2. Don’t routinely prescribe two or more antipsychotic medications concurrently.
3. Don’t use antipsychotics as first choice to treat behavioral and psychological symptoms of dementia.
4. Don’t routinely prescribe antipsychotic medications as a first-line intervention for insomnia in adults.
5. Don’t routinely prescribe antipsychotic medications as a first-line intervention for children and adolescents for any diagnosis other than psychotic disorders.

Upon review of these recommendations against the actual utilization in our provider network, we were pleased to note that the recommendations appear to be well-adhered to. At Fallon Health, we attribute this adherence to our high-quality provider network combined with our formulary coverage criteria. **Together, we are supporting good prescribing practices!** ■

Compliance

HHS fines Massachusetts provider \$150,000

The Department of Health and Human Services (HHS) has announced its settlement with a Massachusetts medical provider for \$150,000. The incident involved the theft from an employee’s car of an unencrypted thumb drive that contained unsecured Protected Health Information (PHI) of approximately 2,200 patients of the practice.

The medical practice notified affected patients, the press and HHS’s Office for Civil Rights within 30 days. Still, HHS levied the fine even though the provider evidently reported the breach in compliance with the Health Information Technology for Economic and Clinical Health (HITECH) Act, HIPAA’s latest update. The HHS penalty was, in part, attributed to the fact that the provider failed to have policies and procedures in place to address the breach notification provisions of the HITECH Act.

This case highlights the importance for you, as a Fallon Health provider, of updating policies, procedures and employee training regarding PHI legal requirements, risks and security vulnerabilities. Please take this opportunity to review your policies and discuss this incident with your legal counsel. ■

ICD-10 transition updates

System and policy changes ongoing

Fallon Health completed ICD-10 code mapping last year and is in the process of configuring systems and policies that are dependent on ICD-9 codes to include the relevant ICD-10 codes.

For example, the *Autism, Clinical Trials, and Palliative Care Consultation* payment policies were updated, effective March 2014, to include both ICD-9 and ICD-10 codes. All of the applicable policy updates and related system logic will be updated through to the October 1, 2014, ICD-10 implementation date. These changes to policy will be communicated through this *Connection* newsletter.

If you have any questions about the health plan’s transition to ICD-10, please refer to fchp.org/icd10 as we continue to update our project implementation page with more information.

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Are you on track to be compliant for ICD-10?

Beginning October 1, 2014, all claims must be submitted with ICD-10 codes. Fallon Health successfully tested and transitioned with all trading partners to 5010 last year, which allowed us to be ready for ICD-10. We're not requiring trading partners to retest for ICD-10. However, if you would like to test with us, please contact your Fallon EDI Coordinator as soon as possible so that we can schedule your testing.

In addition, Fallon has teamed up with the Mass Health Data Consortium (MHDC) for its Collaborative Testing Program (CTP). The CTP was designed to reduce the costs, mitigate the financial and compliance risk, and improve the effectiveness of ICD-10 preparation and implementation among the member organizations.

We encourage our providers to review the website and sign up for this initiative in order to fully test ICD-10 with us and other payers.

In addition to Fallon, the following health plans are currently involved with MHDC for this effort: Blue Cross Blue Shield of Massachusetts; Boston Medical Center HealthNet Plan; Harvard Pilgrim Health Care; Health New England; Neighborhood Health Plan; Network Health; and Tufts Health Plan.

The MHDC also provides additional opportunities for training and communication. Please check out their website at mahealthdata.org/icd10public or speak with your Provider Relations Representative for additional information. ■

Reporting fraud, waste and abuse

Fraud, waste and abuse affect everyone. Combating fraud, waste and abuse is essential to maintaining strong and affordable health care.

- **Fraud** can be defined as an intentional misrepresentation that causes a victim to part with something of value, and is considered a criminal act.
- **Waste** is generally categorized as an act that causes a company to pay unnecessarily for a service.
- **Abuse** occurs when an individual or entity "works the system," so as to be paid (or paid more) for a service to which he/she would not otherwise be entitled.

Fallon Health is committed to detecting, investigating and resolving instances of error, fraud, waste and abuse and has engaged Emdeon to assist with fraud, waste and abuse detection and investigations, beginning May 2014.

Emdeon will perform regular reviews of claims and assist Fallon's Internal Audit staff who, with the assistance of Provider Relations, Claims, Provider Reimbursement, Contracting and other Fallon departments, will perform and oversee investigations.

If you suspect fraud, waste or abuse, please be sure to report the activity to us by contacting Velinda Brown, Fallon's Director of Internal Audit, at 1-508-368-9016, or Richard Burke, Chief Compliance Officer, at 1-508-368-9511. You also may call Fallon's Compliance Hotline anonymously at 1-888-203-5295. ■

Medical policy updates

Fallon Health to follow additional InterQual® guidelines

Beginning May 1, 2014, Fallon Health will use the InterQual guidelines when reviewing for medical necessity for the following procedures:

- Cervical artificial disc replacement
- Cochlear implants
- Percutaneous vertebroplasty and kyphoplasty
- Varicose veins of the lower extremities
- Interspinous process decompression (X Stop®)

Please make a note of the transition for these procedures. *(The transition does not apply to Fallon Total Care.)* ■

Payment policy updates

Payment policies this issue

(Fallon Health only)

Revised policies – effective May 1, 2014

The following policies have been updated; details about the changes are indicated on the policies. Go to fchp.org/providers/medical-management/payment-policies.

- **Evaluation and Management Payment Policy** – Updated the list of codes and discussion about G0101 reimbursement in the policy.
- **Home Health Care Payment Policy** – Updated to remove the prior authorization requirement for Fallon Senior Plan™.
- **Hospital-Acquired Conditions Payment Policy** – Updated the list of codes in the policy.
- **Obstetrics and Gynecology Payment Policy** – Updated the list of codes and discussion about G0101 reimbursement in the policy.
- **Preoperative Autologous Blood Donation Payment Policy** – Updated the list of codes in the policy. ■

Coding corner

New 2014 CPT/HCPCS codes final

As mentioned in the January *Connection*, all new 2014 codes required prior authorization until we performed a final review. We've now reviewed the 2014 CPT/HCPCS codes, and some of them will continue to require prior authorization.

These codes, effective immediately, have been added to the list of procedures that require prior authorization, which can be found in the *Provider Manual*. Under the "Managing patient care" chapter, go to the "PCP referral and plan prior authorization process" section.

Please refer to the *Connection* online for the entire list of 2014 codes that require prior authorization. 

Code updates

Effective May 1, 2014, the following codes will require plan prior authorization.

Code	Description
88271	Molecular cytogenetics; DNA probe, each (e.g., FISH)
88272	Molecular cytogenetics; chromosomal in situ hybridization, analyze 3-5 cells (e.g., for derivatives and markers)
88273	Molecular cytogenetics; chromosomal in situ hybridization, analyze 10-30 cells (e.g., for microdeletions)
88274	Molecular cytogenetics; interphase in situ hybridization, analyze 25-99 cells
88275	Molecular cytogenetics; interphase in situ hybridization, analyze 100-300 cells ■

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 ● March 2014

Your online supplement to *Connection* at
fchp.org/providers/connection-newsletter contains:

- Payment policy updates and links
- List of final 2014 CPT/HCPCS codes

Connection is a bimonthly publication for all Fallon Health ancillary and affiliated providers. The next copy deadline is **March 5** for our May 2014 issue.

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Questions?

Call 1-866-275-3247