

Connection



Important information for Fallon Community Health Plan physicians and providers

■ Every day affairs

More results. More satisfaction.

More you.

It is important to us at Fallon Community Health Plan to survey our providers on an annual basis. We want to know—from your perspective—what we are doing well, and what we can improve upon. For plan year 2011, we are making a change to how we administer our annual provider satisfaction survey.

In August, some of you received a request for your participation in our new survey, administered by the Myers Group. The providers selected were chosen at random. If you received this survey, we hope you are able to participate. If you did not receive the August survey, you will receive the traditional annual provider survey via fax in November.

No matter which survey you receive this year, **your opinions will be counted.** Results from these surveys will be used by FCHP to help direct administrative and operational changes, and to point out areas that need improvement. We value your input, and look forward to using your feedback in order to provide you with the best service possible. ■

FCHP launches new substance dependence program

Fallon Community Health Plan has partnered with Catasys[®], Inc., a specialized behavioral health management services company, to offer eligible commercial plan members an integrated and comprehensive outpatient substance dependence program, called *OnTrak*[™].

This program addresses substance dependence as a chronic disease, and seeks to lower costs and improve health in eligible members.

Individuals who are substance dependent often have more than one medical condition at the same time, all of which have to be treated to achieve overall wellness.

“We recognize the broad impact and cost of substance dependence, and intend to provide an innovative and flexible solution for our eligible members with this disease,” said Elizabeth Malko, M.D., FCHP Executive Vice President and Chief Medical Officer.

OnTrak is different because of its approach in combining medical treatment, relapse prevention therapy and a personal Care Coach to treat each participant as an individual—and it gives a year of support for long-term success. Catasys works with FCHP and referral sources to help bring identified members into treatment and reduce barriers to treatment.

If you have questions about this program, please call the Provider Relations Department at 1-866-ASK-FCHP, prompt 4. You can learn more about Catasys online at catasyshealth.com. ■

Clarification on Fallon Senior Plan[™] HMO co-insurance for medical supplies

FCHP would like to clarify the items affected by the 10% co-insurance on durable medical equipment (DME), prosthetics and related supplies that went into effect January 1, 2010.

For Fallon Senior Plan HMO individual (or non-group) members, the medical supplies codes affected are only for medical supply items used in conjunction with codes that are considered outpatient DME or prosthetics. Some examples are CPAP masks, and tubing and batteries.

Any questions can be directed to Provider Relations at 1-866-ASK-FCHP (1-866-275-3247), prompt. 4. ■



Annual Medicare Advantage election begins earlier

This year, the annual election period for our Fallon Senior Plan HMO individual members is earlier—from **October 15 to December 7** for plan coverage effective January 1, 2012. (It used to be November 15 to December 31 of each year.)

During this time, anyone wishing to make a change in how they get Medicare may do so—including joining or switching Medicare Advantage plans. *Fallon Senior Plan HMO members don't have to do anything if they want to stay in their current plan.*

In our November issue of *Connection*, we'll provide you with our usual comprehensive overview of our Fallon Senior Plan HMO products for 2012.

If your patients have questions about Fallon Senior Plan, they may call us at 1-800-325-5669 (TTY users, please call TRS Relay 711), Monday through Friday, 8 a.m. to 8 p.m. (From October 15 to February 14, we're available seven days a week.) Or, they may go online to www.fchp.org/medicare-choices. ■

■ Let's connect

New! Universal Request for Claim Review Form

As indicated in our March 2011 issue of *Connection*, Fallon Community Health Plan, through its involvement in the Employers Action Coalition on Healthcare, has worked with other payers, the Massachusetts Hospital Association, the Massachusetts Medical Society and others to simplify the provider appeals and adjustment process for providers.

All participating health plans will now be using the Request for Claim Review Form. The reference guide, attached to the form, provides guidance on submission and filing. This new form is part of a multi-step initiative to help streamline processes for providers.

This form replaces both FCHP's Provider Claims Adjustment Request Form and the Provider Appeals Request Form. **Effective January 1, 2012, FCHP will require that the new form**, with all required information and additional documentation, be complete upon submission. Incomplete submissions will be returned unprocessed.

To file the Request for Claim Review Form, **fax it to 1-508-368-9890 or mail to:**

Fallon Community Health Plan
Attn: Request for Claim Review/
Provider Appeals
P.O. Box 15121
Worcester, MA 01615-0121

For more information about this collaboration, visit hcasma.org. If you have any questions, call us at 1-866-ASK-FCHP (1-866-275-3247), prompt 4. ■

HIPAA version 5010 update

Beginning on January 1, 2012, health plans, clearinghouses and providers will be required to use new HIPAA version 5010 to conduct electronic transactions such as claim submissions, claim status requests and responses, referrals, authorizations, eligibility requests and responses and remittances.

FCHP remains on target to meet its implementation goals to accept 5010 transaction files on January 1, 2012.

Testing with FCHP's Trading Partners has continued in earnest. Trading Partners are working closely with their assigned EDI Coordinator to ensure they will be ready to meet 5010 Level II Compliance.

The 837I, 837P and 835 Companion Guides continue to be updated based on Trading Partner feedback and testing. The 834 Companion Guide has also been updated and has been provided to Trading Partners as requested. The FCHP EDI Coordinator can provide you with the latest version of the Companion Guides.

It is FCHP's plan to complete three cycles of testing with all Trading Partners. **So, if you haven't submitted a 5010 transaction file, please work with your FCHP EDI Coordinator to submit transaction files to meet the compliance date.**

We'll continue to update you in *Connection* and on fchp.org, so please check back often! ■

FCHP Disease Management Program reinforces treatment plan

The FCHP Disease Management Program is a proactive patient-centered program for those diagnosed with chronic diseases. It's designed to reinforce standards of care by providing health education, health coaching, behavior change and self-management skills. We work towards empowering patients to take a more active role in improving and maintaining their health.

As you continue to direct your patient's treatment plan, our registered nurses and health educators reinforce your efforts in order to achieve optimal clinical outcomes and patient satisfaction.

Our nurses and health educators reach out to patients with regular telephonic contact as well as meeting them in a group environment within their workplace or community. Throughout the year, patients will receive health-related newsletters, reminder cards and other important health information.

This program is voluntary and available to Fallon Community Health Plan members at no additional cost. Further, if patients choose not to participate in this program, their benefits will in no way be affected.

We welcome your referrals of your patients, our FCHP members, to our Disease Management Program and look forward to working with you. If you have any questions, would like further information or you become aware of a patient that would benefit from our program, please call our team at 1-800-333-2535, ext. 69898, Monday through Friday from 8:30 a.m. to 5:00 p.m. ■

Billing bytes

Billing for vaccines

Billing for the "seasonal flu" vaccine

Fallon Community Health Plan requires that CPT codes 90655, 90656, 90657, 90658, 90660, 90662, Q2035, Q2036, Q2037, Q2038, and Q2039 be billed for the seasonal flu vaccine and HCPCS code G0008 for the administration. If administered on the same day as a physician service is performed, use CPT codes 90460, 90461, 90471-90474 to report the administration of the vaccine. FCHP does not require that an invoice be submitted for the flu vaccine.

Billing for the pneumococcal vaccine

Fallon Community Health Plan requires that CPT codes 90669, 90670 and 90732 be billed for the pneumococcal vaccine and HCPCS code G0009 for the administration. If administered on the same day as a physician service is performed, use CPT codes 90460, 90461, 90471-90474 to report the administration of the vaccine. FCHP does not require that an invoice be submitted for the pneumococcal vaccine.

Please note:

- If the vaccine is state-supplied, claims should be submitted with the CPT code for the vaccine and the -SL modifier and a charge of \$0.00. The administration code and charge should also be submitted.
- If the vaccine is not state-supplied, the CPT code must be submitted without the -SL modifier and the appropriate charge. The administration code and the charge should also be submitted.
- Members are not required to pay a copayment. ■

Quality focus

Important links to information about care

We hope you'll take this time to visit our Web site, fchp.org, to learn how we work with you and our members to ensure the quality and safety of clinical care. If you would like to receive a copy of this information, please call our Provider Relations Department at 1-866-ASK-FCHP (1-866-275-3247), press 4.

- **Clinical criteria for utilization care services.** Fallon Community Health Plan uses national, evidence-based criteria that are reviewed annually by a committee of health plan and community-based physicians to determine the medical appropriateness of selected services requested by physicians. These criteria are approved as being consistent with generally accepted standards of medical practice, including prudent layperson standards for emergency room care. Criteria are available on the FCHP Web site at fchp.org/providers/medical-management/medical-policies.aspx or as a paper copy upon request.
- **Learn more about our quality programs.** FCHP is proud of its long history of quality accomplishments, including our "Excellent" accreditation from the National Committee for Quality Assurance. A detailed description of our quality program, goals and outcomes is available through fchp.org/about-fchp/quality-standards.aspx. We also welcome suggestions from our physicians about specific goals or projects that may further improve the quality of care and service available through our health plan projects.
- **Know our members' rights.** FCHP members have the right to receive information about an illness, the course of treatment and prospects for recovery in terms that they can understand. They have the right to actively participate in decisions regarding their own health and treatment options, including the right to refuse treatment. For a complete list of FCHP members' rights and responsibilities, visit fchp.org/members/resources/rights.aspx. ■

Utilization management incentives

Fallon Community Health Plan affirms the following:

- Utilization management (UM) decision-making is based only on appropriateness of care and service and existence of coverage.
- FCHP does not specifically reward practitioners or other individuals for issuing denials of coverage or care.
- Financial incentives for UM decision makers do not encourage decisions that result in underutilization. ■

Script alert

Formulary updates

Fallon Community Health Plan often makes changes to its formularies, including changing prior authorization requirements and adding new medications. For the latest changes to our commercial plan and Medicare Part D formularies, please see *Connection* online. **i**

Payment policy updates

Payment policies this issue

Revised policy – effective November 1, 2011

The following policy has been updated; details about the changes are indicated on the policy, which you can link to in *Connection* online:

- **Vaccine Payment Policy:** Updated code list in addendum A and the discussion about Part D vaccines in addendum B. **i**

Coding corner

ICD-9-CM codes annual update and new DRGs

The annual update of the ICD-9-CM diagnosis and procedure codes is effective October 1, 2011. An ICD-9-CM diagnosis code is required on all paper and electronic claims billed to Fallon Community Health Plan. All diagnosis codes must be coded to the highest level of specificity.

For a list of new and invalid ICD-9-CM codes and new DRGs, effective for dates of service on or after October 1, 2011, see *Connection* online. 

Code updates

In the July 2011 *Connection*, the wrong description for code E0641 was provided. The correct description is listed below with our apologies. **Effective September 1, 2011**, this code is covered for Fallon Senior Plan™, MassHealth and NaviCare® HMO SNP members only. All other plan types will deny vendor liable. This service also will require plan prior authorization.

E0641	Standing frame system, multi-position (e.g., 3-way stander), any size including pediatric, with or without wheels
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Effective May 22, 2011, the following code is covered for Fallon Senior Plan™, MassHealth and NaviCare® HMO SNP members only. All other plan types will deny vendor liable. This service will also require plan prior authorization.

64566	Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming
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Effective June 1, 2011, the following codes will no longer require plan prior authorization.

J3471	Injection, hyaluronidase, ovine, preservative free, per 1 USP unit (up to 999 USP units)
J3472	Injection, hyaluronidase, ovine, preservative free, per 1,000 USP units
J3473	Injection, hyaluronidase, recombinant, 1 USP unit
90586	Bacillus Calmette-Guerin vaccine (BCG) for bladder cancer, live, for intravesical use


Effective November 1, 2011, the following codes will require plan prior authorization.

A9544	Iodine I-131 tositumomab, diagnostic, per study dose
A9545	Iodine I-131 tositumomab, therapeutic, per treatment dose

Effective November 1, 2011, the following code will no longer be separately reimbursed.

C1726	Catheter, balloon dilatation, nonvascular
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Effective November 1, 2011, the following codes will be covered for MassHealth and NaviCare® HMO SNP members only. All other plan types will deny vendor liable. Codes E0172 and E0625 also will require plan prior authorization. Codes E0637, E0638 and E0642 currently require plan prior authorization.

E0172	Seat lift mechanism placed over or on top of toilet, any type
E0625	Patient lift, bathroom or toilet, not otherwise classified
E0637	Combination sit to stand system, any size including pediatric, with seatlift feature, with or without wheels
E0638	Standing frame system, one position (e.g., upright, supine, or prone stander), any size including pediatric, with or without wheels
E0642	Standing frame system, mobile (dynamic stander), any size including pediatric 

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 2011

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

- Formulary updates – commercial & Part D
- ICD-9-CM annual code update and new DRGs
- Payment policy updates and links

Connection is a bimonthly publication for all FCHP ancillary and affiliated providers. The next copy deadline is **September 7, 2011**.

Send information to
Patricia M. Haglund
Manager, Provider Relations

Fallon Community Health Plan
10 Chestnut St.
Worcester, MA 01608
E-mail: patricia.haglund@fchp.org

W. Patrick Hughes
President and CEO

Elizabeth Malko, M.D.
Chief Medical Officer

Eric Hall
Vice President, Network Development
and Management

Elizabeth Riley
Director, Provider Relations

fchp.org

Questions?
Call 1-866-ASK-FCHP
(1-866-275-3247)