

Connection



Important information for Fallon Community Health Plan physicians and providers

■ Every day affairs

Satisfaction survey results

Thank you to all who participated in our annual Provider Satisfaction Survey from November 15 through December 16, 2011. We are pleased to announce that 89.7% of those providers who responded indicated that their overall satisfaction with Fallon Community Health Plan is excellent, very good or good.

Congratulations to our raffle winners:

- Vicky Fitzgerald, Vein Solutions Laser & Skin Center
- Terri Thatcher Harris, Massachusetts South Eastern Eye Center, Inc.

The winners were randomly picked from the group of providers who responded by the December 16 deadline. Each winner received a \$250 American Express® Gift Cheque. Thank you, again, to all who responded! ■

■ Let's connect

Flu vaccine still available

The Massachusetts Department of Public Health (MDPH) has sent messages throughout this flu season reminding health professionals that there is influenza vaccine for use in children available to order through local health departments and directly from the MDPH Immunization Program. To order additional doses, please fax a written request to 1-617-983-6924. Be sure to include your PIN, practice name, contact, phone number, formulation(s) of flu requested, and the number of doses of each formulation needed. If you have any questions, please call the Vaccine Unit at 1-617-983-6828.

As a reminder, the FCHP *Vaccine Payment Policy* states that FCHP does not reimburse for vaccines that are available free from the state. FCHP follows the MDPH Immunization Program guidelines when determining availability of, and eligibility for, state-supplied vaccines. When there is a documented shortage of state-supplied vaccine, FCHP will reimburse providers who purchase vaccine. FCHP routinely verifies that charges billed are in accordance with its payment policies. Payments are subject to post-payment audits and retraction of overpayments. ■

HIPAA 5010 update: Change to how subscribers and patients are submitted on 837s

Prior to 5010 implementation, providers had to include the subscriber information and the patient information when submitting claims for a dependent of the subscriber. To bring the 837 in line with other HIPAA transactions, this was changed with the 5010 implementation. If the patient can be identified by his/her own unique member identification number, which Fallon Community Health Plan members are, the dependent is considered the subscriber and, therefore, is submitted as the subscriber.

What does this mean for you?

If you submit 837s directly to Fallon Community Health Plan, the patient loops (2000C and 2010CA) should only be sent if the patient cannot be identified by a unique member identification number. If you submit your claims using a clearinghouse, you must work with your software vendor to make sure the patient member identification numbers are

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stored appropriately and that box 6 (Patient Relationship To Insured) of the CMS-1500 claim form is checked off as "Self" if the dependent can be identified by a unique member identification number.

If you have any questions, feel free to contact an EDI Coordinator at 1-866-ASK-FCHP, ext. 69968 or Edi.Coordinator@fchp.org. ■

Tekturna-Valturna safety issues

Novartis Pharmaceuticals has issued a warning about the potential risks of cardiovascular and renal adverse events in patients with type 2 diabetes and renal impairment and/or cardiovascular disease treated with aliskiren (Tekturna®) tablets and aliskiren-containing combination products (Valturna®, Tekturna® HCT, Tekamlo® and Amturnide®).

FCHP has recently called and provided a list of patients to those physicians who prescribed these products, so that the physicians could check the medical records of each patient and make any necessary changes.

The ALTITUDE study was conducted in type 2 diabetic patients at high risk of fatal and non-fatal cardiovascular and renal events. The study was stopped prematurely at 18 to 24 months due to the emergence of a high number of renal and cardiovascular adverse events. Most of the patients in the study had adequately controlled blood pressure going into the study. Aliskiren was given in addition to standard of care, including an ACE inhibitor or ARB.

On the basis of preliminary interim analyses, it was concluded that study patients were unlikely to benefit from aliskiren. There was also a higher incidence of adverse events related to non-fatal stroke, renal complications, end stage renal disease and renal death, hyperkalemia and hypotension. ■

FCHP plan design changes for April 1

At Fallon Community Health Plan, we recently completed an annual review of our products for small businesses and individual consumers to ensure they meet customer needs. For this market, we are making minimal changes to our FCHP Direct Care, FCHP Select Care and Fallon Preferred Care products.

Overview of changes

In brief, we are making the following changes, most of which apply for new business on **April 1, 2012**, and for existing business at anniversary renewal dates.

- **By popular demand, we've expanded our It Fits! program to include certain home fitness equipment.** The equipment must be new and provide a cardiovascular/muscular total-body workout. (Some examples are: treadmills, stationary cycles, stair climbing/elliptical or rowing machines, and home gyms.) Our standard It Fits! reimbursement is \$200 for individuals/\$400 for families.
- **We're introducing a Premium Saver 1000 Classic plan design** for Direct Care, Select Care and Fallon Preferred Care. This is in line with the PS 1500 and 2000 Classic plan designs we introduced last year, which mirror our standard Premium Saver plans but don't have a copayment after the deductible for inpatient hospital stays, same-day surgery and the imaging benefit.
- **For certain deductible plans (labeled as "Classic" plan design options), diagnostic lab services for office visits and same-day surgery will be covered in full** and no longer accumulate towards the deductible. This will be a savings to your patients who are members of these plans.
- **For our PPO, we're introducing two closed-formulary plans:** Preferred Care Premium Saver II and Preferred Care Premium Saver 2000/500 II. These options match our existing closed-formulary HMO plan designs.

Beginning in April, you'll find benefit summaries for these products at fchp.org/employers/general-plan-information/benefit-summaries.aspx.

If you have any questions, please call the Provider Relations Department at 1-866-ASK-FCHP, prompt 4. ■

Have you checked for excluded entities and individuals recently?

The U.S. Health and Human Services Office of the Inspector General (HHS-OIG) excludes certain individuals and entities from participation in Medicare, Medicaid and the State Children's Health Insurance Program (SCHIP), and all federal health care programs.*

The Centers for Medicare & Medicaid Services (CMS) and the OIG require that all organizations participating in a federal health care program—such as health plans, physician offices, hospitals or ancillary providers—check the HHS-OIG *List of Excluded Entities and Individuals and Entities (LEIE)* and the General Service Administration *Excluded Parties List System (EPLS)* on a monthly basis to ensure that they are not employing or contracting with an excluded entity. These lists are updated monthly and can be found at the following links:

- OIG *LEIE* information: <http://oig.hhs.gov/exclusions/index.asp>
- GSA *EPLS* information: <http://www.epls.gov>

Why check monthly?

The Patient Protection and Affordable Care Act has expanded the use of civil monetary penalties and provides clarification that a health care organization that contracts (through employment or otherwise) with an excluded or terminated individual or entity is subject to civil fines and penalties. The standard for liability is whether the organization “knew or should have known” of the exclusion or termination.

Because CMS and the OIG clearly state that monthly updates are available with the above lists, your organization would be at risk if you were found to contract with an excluded entity that appeared on a list and had failed to do the monthly check.

What is the penalty for employing or contracting with an excluded entity?

The penalty can be as much as \$10,000 for each item or service furnished. There have been reports of organizations being fined upwards of \$1,000,000 for one claim. Therefore, the benefit of checking these lists monthly far outweighs the risks of not doing so.

Where can I get more information?

More information on this requirement may be found in the *FCHP Provider Manual* (fchp.org/providers/provider-manual.aspx).

* As defined in section 1128b(f) of the Social Security Act (based on the authority contained in various sections of the Act, including sections 1128, 1128A and 1156). ■

Federally required disclosure requirements for MassHealth providers

Fallon Community Health Plan, a participating MassHealth Managed Care Organization, is required by the Executive Office of Health and Human Services (EOHHS) to incorporate and apply all federal program integrity requirements into our participating provider agreements. Federal regulations (42 CFR §§ 455.100–106) require the collection of information regarding business ownership and control, business transactions, and criminal convictions from provider applicants, participating providers, and from other parties associated with that provider.

FCHP is expected to obtain this information utilizing the Federally Required Disclosure form (the Disclosure Form) provided by EOHHS. The Disclosure Form must be completed prior to the execution and renewal of the provider contract and when there are business ownership changes. FCHP will supply more information related to this requirement and the Disclosure Form in the online *Provider Manual* (fchp.org/providers/provider-manual.aspx). ■


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.


Coding corner

New 2012 CPT and HCPCS codes


As mentioned in the January *Connection*, all new 2012 codes required preauthorization until a formal review was performed by Fallon Community Health Plan. We've now reviewed the 2012 CPT/HCPCS codes and some of them will continue to require preauthorization. These codes have been added to the list of procedures that require preauthorization and are effective immediately. Please refer to *Connection* online for the list of codes. 

Code correction

In the November 2011 *Connection*, we incorrectly notified you that the following codes will deny member liable for all lines of business, effective January 1, 2012. However, **these codes are covered for Summit ElderCare and NaviCare members only**. All other lines of business are not covered and will deny member liable. We are sorry for any inconvenience this may have caused.

E0218	Water circulating cold pad with pump
E0265	Hospital bed, total electric (head, foot, and height adjustments), with any type side rails, with mattress
E0266	Hospital bed, total electric (head, foot, and height adjustments), with any type side rails, without mattress
E0296	Hospital bed, total electric (head, foot, and height adjustments), without side rails, with mattress
E0297	Hospital bed, total electric (head, foot, and height adjustments), without side rails, without mattress 


3D mammography experimental


Fallon Community Health Plan considers 3D mammography (a.k.a., digital breast tomosynthesis) as experimental/investigational and this service *will deny vendor liable for participating providers*. For non-participating providers, this service will deny **member** liable. At this time there is no specific code for this service. 

Code updates

Effective May 1, 2012, the following codes *will require plan prior authorization for all lines of business*.

63047	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [e.g., spinal or lateral recess stenosis]), single vertebral segment; lumbar
63048	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [e.g., spinal or lateral recess stenosis]), single vertebral segment; each additional segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)
J2020	Injection, linezolid, 200 mg

Effective May 1, 2012, the following codes *will be added to the FCHP Auxiliary Fee schedule and will be covered for all lines of business*. For a full description of each code, please see *Connection* online. 

Code	Rate at 100% of fee schedule	Code	Rate at 100% of fee schedule
99339	\$79.00	99378	\$97.00
99340	\$110.00	99379	\$57.00
99347	\$56.00	99380	\$90.00
99375	\$95.00	G0402	\$50.00
99377	\$57.00	T1016	\$25.00 

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 2012

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

- Quitting smoking is complicated, so how can we help?
- Formulary update—Commercial
- Codes added to the FCHP Auxiliary Fee schedule—descriptions
- New 2012 CPT/HCPCS codes
- Payment policy updates and links

Connection is a bimonthly publication for all FCHP ancillary and affiliated providers. The next copy deadline is **March 5, 2012**.

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)

