

CONNECTION

Important information for Fallon Health physicians and providers

January 2016

In this issue

Let's connect

- Fallon welcomes new Chief Medical Officer

Product spotlight

- New Hybrid Plans!
- Changes for Merged Market members
- Our support for your patients with high-risk pregnancies
- Quit to Win

Quality focus

- NaviCare Clinical Practice Initiatives

MassHealth update

- Fallon Health now covers ABA services for our MassHealth members
- Additional urgent care locations

Coding corner

- Clinical Documentation Improvement and ICD-10
- S0189 Testosterone Pellets reminder
- New 2016 CPT/HCPCS codes

Payment policy updates— January, 2016

- Revised policies
- Annual review

Let's connect

Fallon welcomes new Chief Medical Officer

Fallon Health is proud to announce that Thomas Ebert, M.D. is our new Chief Medical Officer effective Monday, November 23.



Dr. Ebert has extensive and relevant experience working in managed care, most notably as Health New England's CMO from 1998 to 2015. During his tenure at HNE, the company grew in membership from 70,000 to over 200,000 while maintaining excellent NCQA accreditation. HNE was also designated a 5-star Medicare Advantage plan by CMS for two consecutive years. With Dr. Ebert's leadership, we will continue to build on our own history of quality excellence here at Fallon.

Prior to Dr. Ebert's entrance into managed care, he practiced as a Board Certified Nephrologist in Worcester, and he served on the UMass faculty from 1980 through 2012. We are very happy to welcome him home to Central Massachusetts. ■

Product spotlight

New Hybrid Plans!

Over the past two years, the Affordable Care Act (ACA) has dramatically changed the regulations governing the merged market. ("Merged market" refers to individuals, sole proprietors and employer groups with 1-50 employees.) As a result, Fallon Health is making changes to our product portfolio for January 1, 2016 by focusing our efforts where we have an opportunity to be more competitive, and where we can make the biggest difference in the lives of our members.

Three new value-based benefit designs called "Hybrid" plans will be available in our Direct Care and Select Care networks:

- **Copay 1000 Hybrid**
- **Deductible 1000 Hybrid**
- **Deductible 2000 Hybrid**

Our Hybrid plans represent an exceptional value for individuals looking to manage certain chronic diseases. The plans offer:

- \$5 PCP office visits
- Specialist visits for \$10-15 copays
- Tier 1 prescription drug copays at \$1
- Tier 2 prescription drugs at \$5 copay
- \$0 for preventive services
- Diagnostic services such as lab work, x-rays, EKGs covered in full

These plans also provide extras for those with:

- **Diabetes**
Members will receive four diabetes management office visits per benefit year at \$0 copay*, plus a number of regularly used diabetic medications and test strips are covered at \$1 copay.
- **Asthma**
All members have access to control medications at \$1 copay.
- **Coronary Artery Disease**
A number of regularly used high blood pressure and cholesterol medications are covered at \$1 copay.

Keep these new plans in mind for your patients who may benefit!

**The claim must include a diabetes diagnosis code. ■*

Changes for merged market members

Steward Community Care will no longer be available in the merged market.

Two Fallon Preferred Care PPO plan designs will be made available to merged market employers.

Merged market members will continue to have access to The Healthy Health Plan web tools and coaching, but, upon anniversary, will no longer be eligible for financial incentives. Incentives will remain available to the large group market.

Merged market members will continue to have an It Fits! fitness reimbursement benefit, but at a \$150 family/\$150 individual reimbursement level. ■

Our support for your patients with high-risk pregnancies

Fallon Health offers coordinated help for our members who are your patients and may be at high risk for pregnancy-related complications. Our Special Deliveries program offers case management support throughout your patient's pregnancy. We also offer education, home health services and identification of community resources to support or supplement care.

Your patients who may benefit from this program could include, for example:

- Women carrying multiple babies
- Women with hyperemesis
- Those undergoing, or with a history of, preterm labor and/or delivery
- Women with chronic medical conditions, such as diabetes, coronary artery disease and autoimmune disorders

To refer a patient to our Special Deliveries program, contact our Case Management Department at 1-800-333-2535, ext. 78002. Please leave a private voicemail message. One of our Case Management Navigators will return your call within 24 business hours. ■

Quit to Win

Quit to Win continues to provide free individual telephonic coaching to all Fallon members who wish to quit smoking. Our Quit to Win text message support program (free to all Fallon plan members) is more popular than ever! Please let us know how we can enhance your provider experience and better serve our members in your care. Call us at 1-508-368-9540 or 1-888-807-2908, or e-mail at quittowin@fallonhealth.org. ■

Quality focus

NaviCare Clinical Practice Initiatives

Providers in our NaviCare network have the convenience of viewing the updated Clinical Practice Initiatives for 2016 from the provider section of our website, and can easily print PDF versions of each topic. On fallonhealth.org/providers/medical-management/navicare-clinical-initiatives.aspx, you'll find the most current version of the following initiatives:

- Abuse and neglect
- Alcohol abuse prevention and treatment
- Care for older adults
- Chronic obstructive pulmonary disease
- Dementia
- Depression
- Diabetes
- Heart failure
- Medication management
- Osteoporosis
- Preventive screening for adults

While on our site, please take a few minutes to browse our various tools and resources that can help you stay informed and interact with us more smoothly. If you have any questions, please contact your Provider Relations Representative for assistance at 1-866-275-3247, option 4. ■

MassHealth update

Fallon Health now covers ABA services for our MassHealth members

Effective October 1, 2015, Fallon Health began covering Applied Behavior Analysis (ABA) services for children and young people under the age of 21 years with a diagnosis of Autism Spectrum Disorder (ASD) who are enrolled in MassHealth Standard or CommonHealth. ABA services are also covered for children under the age of 19 who are enrolled in MassHealth Family Assistance.

ABA is an evidence-based practice commonly used with individuals who have been diagnosed with ASD. Based on the science of learning and behavior, ABA is considered a “best practice” treatment by the United States Surgeon General and by the American Psychological Association. Treatment is provided in a variety of settings, such as the home and in the community.

The service is provided by a team consisting of a licensed applied behavioral analyst and a behavior technician/paraprofessional. The team works closely with caregivers, schoolteachers and providers.

If you would like more information about ABA services, including how to access these services, go to fallonhealth.org. You may also call Fallon’s Provider Relations Department at 1-866-275-3247. ■

Additional urgent care locations

In our November issue, we listed urgent care centers available to Fallon MassHealth members. We inadvertently omitted two of Reliant Medical Group’s ReadyMED facilities, one in Hudson and one in Milford. We apologize for any inconvenience this may have caused.

We are consistently adding sites to our urgent care facility network. Please check our directories frequently for newly contracted sites at fallonhealth.org/find-insurance/masshealth.aspx ■

Coding corner

Clinical Documentation Improvement and ICD-10

With the implementation of ICD-10, there is an increased need for providers to focus attention on the level of clinical detail supported in the medical record. Clinical documentation provides an opportunity to demonstrate the quality of care that is provided to a patient, and also supports the corresponding submitted encounter. Risk adjustment and claim coding depend on provider documentation. All billed diagnoses should be supported in the medical record. The primary role of a Clinical Documentation Improvement (CDI) program is to facilitate the accurate representation of the severity, acuity and complexity of the healthcare services provided.

Common areas of opportunity for CDI improvement include:

The provider may document signs, symptoms, and historical data, and not record a diagnosis.

- **Opportunity:** *All diagnoses/conditions that are being monitored, evaluated, assessed or treated (M-E-A-T) should be documented within the medical record.*

Providers often choose a diagnosis listed on a super bill or software system without it having been recorded in the progress note.

- **Opportunity:** *Diagnoses associated with a problem list must be incorporated into the body of the note to meet the criteria for supporting documentation. Avoid the common error of using ICD-10 code titles to support code selection, or simply writing ICD-10 code numbers in the medical record.*

With established patients there is a greater potential that a complete review of signs and symptoms is omitted, therefore clinical documentation is incomplete.

- **Opportunity:** *Status conditions should be captured at the annual wellness or annual physical exam, and can be monitored in the review of systems. Status conditions often overlooked include: ostomy status; morbid obesity; amputation; quadriplegia/paraplegia; and dialysis status.*

Providers will often gravitate to Not Otherwise Specified (NOS) or Not Elsewhere Classifiable (NEC) codes to expedite documentation efforts.

- **Opportunity:** *Code to the greatest level of specificity.*

If you or anyone in your office are interested in assistance with CDI, please contact your Provider Relations Representative at 1-866-275-3247 or at askfchp@fallonhealth.org. ■

S0189 Testosterone Pellets reminder

As a reminder, when obtaining prior-authorization and billing Fallon Health for testosterone pellets, we require the use of code S0189 – Testosterone Pellet, 75mg. We will not allow J3490 – Unclassified Drug for this item. If you have questions, please contact Provider Relations at 1-866-275-3247, option 4.

Effective October 1, 2015, the following codes will be covered and will require plan prior authorization:

Code	Description
C9456	Injection, isavuconazonium sulfate, 1 mg
Q9979	Injection, Alemtuzumab, 1 mg ■

New 2016 CPT/HCPCS codes

All new codes will require prior authorization until a final review is performed by Fallon Health. Fallon will review and assign the appropriate coverage and determine prior authorization requirements for all new codes by January 1, 2016. Fallon will notify all contracted providers of this determination via the March issue of the *Connection* newsletter and on the Fallon website in the *Provider Manual*. ■

Payment policy updates

Payment policies this issue

Revised policies– effective March 1, 2016: Details about the changes are indicated on the policies:

- **Anesthesia**– Updated reimbursement and billing/coding sections.
- **DME**– Updated policy section and clarified language regarding reasonable useful lifetime.
- **Hearing Aid and Hearing Aid Exam**– Updated reimbursement and billing/coding guidelines sections and moved to new Plan template
- **MassHealth Provider Preventable Conditions**– Updated billing/coding guidelines to reflect ICD-10 codes and moved to new Plan template.
- **Transportation Services**– Updated reimbursement section to clarify transportation coverage during rehabilitation stays.

Policies– Annual Review (1 policy)

We have completed an annual review of the following policies and have reformatted them in our new plan template without any content changes:

- **Serious Reportable Events** ■

Connection is an online bimonthly publication for all Fallon Health ancillary and affiliated providers.

The next copy deadline is **January 8** for our **March 2016** issue.

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1-866-275-3247

