

Fallon Community Health Plan

FCHP Steward Community Care Physician & Provider Orientation

[Location]

[Month Day, Year]



More service

- **FCHP Provider Relations is dedicated to providing excellent service.**
- **Our highly trained representatives are available weekdays from 8:30 a.m. to 5 p.m. through the Provider Service Line: 1-866-ASK-FCHP, prompt 4.**

<INSERT REP NAME>

Direct line: 1-508-368-<INSERT #>

Fax line: 1-508-368-9902

E-mail: <insert email>@fchp.org



Agenda

- **Who is Fallon Community Health Plan**
- **FCHP Steward Community Care**
- **Doing business with FCHP**
 - Credentialing
 - Referrals
 - Plan prior authorizations
 - Claims procedures
 - Appeals processes
- **Tools you can use**
- **FCHP keeps you informed**
- **Questions**



Fallon Community Health Plan

- **Health care services organization with over 30 years of experience**
- **Mission: *Making our communities healthy***
- **Consistently rated as one of the nation's top health plans**
- **A “More you” health plan**
 - **More flexibility**
 - **More customer-focused benefits and services**
 - **More support**



FCHP Steward Community Care

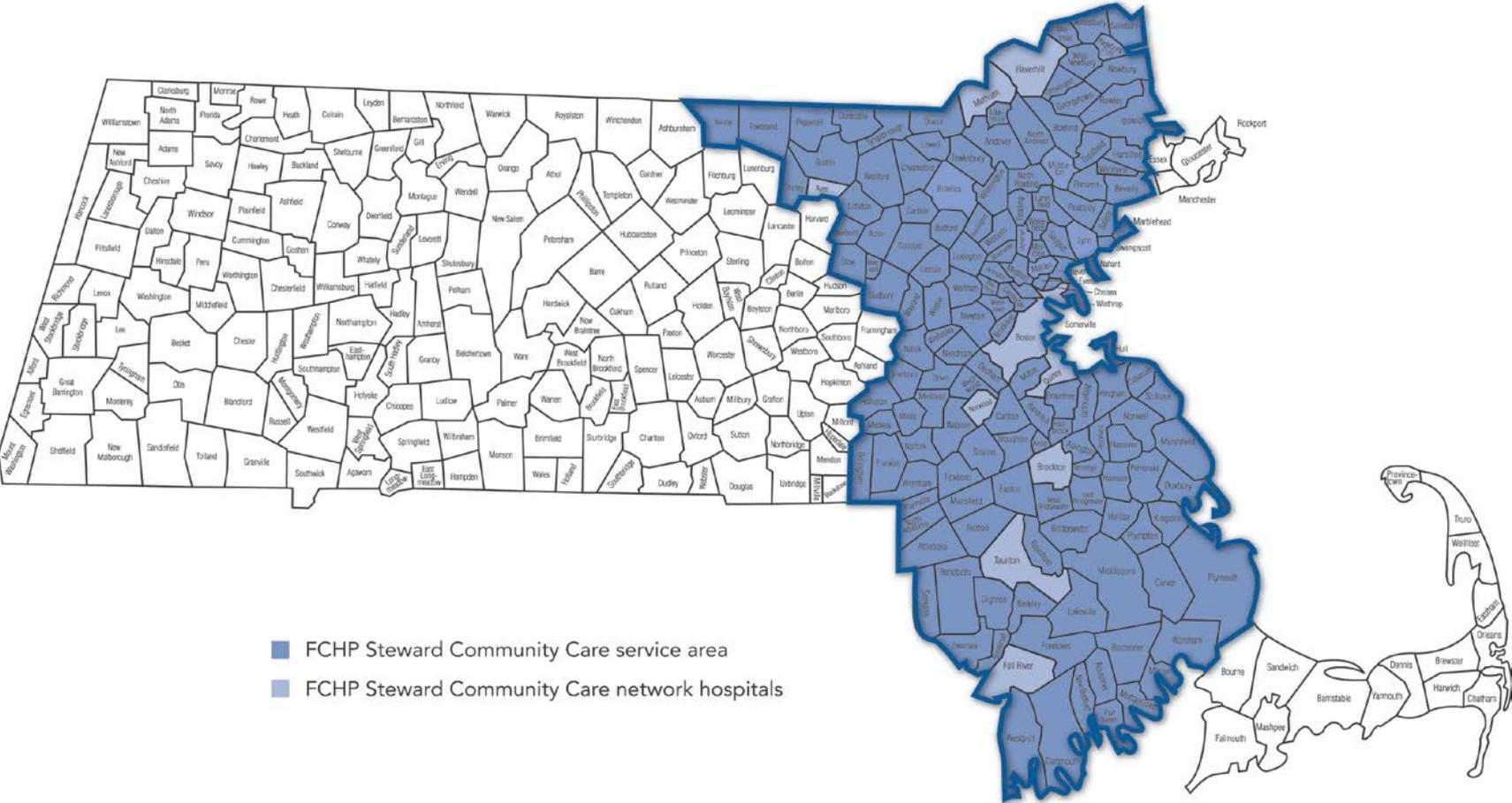


FCHP Steward Community Care

- **Developed in partnership with Steward Health Care and Fallon Community Health Plan.**
- **A limited HMO network product**
- **Effective date: April 1, 2012**
- **Available to employers of all sizes**



FCHP Steward Community Care Service area



FCHP Steward Community Care Network hospitals

- **Carney Hospital, Dorchester**
- **Good Samaritan Medical Center, Brockton**
- **Holy Family Hospital, Methuen**
- **Merrimack Valley Hospital, Haverhill**
- **Morton Hospital and Medical Center, Taunton**
- **Nashoba Valley Medical Center, Ayer**
- **Norwood Hospital, Norwood**
- **Quincy Medical Center, Quincy**
- **Saint Anne's Hospital Fall River**
- **St. Elizabeth's Medical Center, Brighton**

***Tertiary services available from Brigham and Women's Hospital and
Massachusetts General Hospital***



FCHP Steward Community Care

- **Members must choose a PCP in the FCHP Steward Community Care network.**
- **Members must receive PCP referrals for specialty care within the Steward Community network.**



FCHP Steward Community Care Member ID card

John Sample		Regional/Limited network
ID	0000000000000000	
RX [Y/N]	HCO xxx DB [Y/N]	
COPAYS		
PCP office visit	\$ 15	
Physical exam	\$ 0	
Specialist office	\$ 30	
Emergency room	\$ 100	
Same-day surgery	\$ 250	
Inpatient	\$ 250	
Prescription	\$ 15/30/50	
Deductibles may apply to certain services.		

MEMBERS

Customer Service: 1-855-508-2541 (TTY: TRS Relay 711)
Nurse Connect (24x7): 1-800-609-6175 (TDD/TTY: 1-800-848-0160)
Rx Mail Order: 1-800-346-9113 (TDD/TTY: 1-800-231-4403)
Beacon Health Strategies: 1-888-421-8861 (TDD/TTY: 1-866-727-9441)
 (Behavioral Health Services)

PROVIDERS

Rx help desk: 1-800-364-6331 BIN # 610468 PCN FCHP
Eligibility verification: 1-866-ASK-FCHP (1-866-275-3247)
Claims forms to: Fallon Community Health Plan
 P.O. Box 15121, Worcester, MA 01615

fchp.org

 PHCS or  MultiPlan Networks may be utilized for covered out-of-area plan services.



FCHP Steward Community Care Member self-referral

Within product network:

- **OB/GYN visits – per Managed Care Act**
 - Annual preventive gynecological visit
 - Medically necessary evaluations and treatment
 - Obstetrical visits
- **Mammogram**
- **Oral surgery (impacted teeth only)**
- **Routine eye exam – every 12 months**

Outpatient mental health/substance abuse (for visits 1-8)

- **Beacon Health Strategies (1-888-421-8861)**



FCHP Steward Community Care Features

- **It Fits!**
Annual fitness reimbursement of \$400 for families, \$200 for individuals, can be used for healthy activities like school & town sports programs, ski lift tickets, gym memberships, Weight Watchers®, fitness classes, & more! And, effective 4/1/12, members can use their It Fits! Dollars toward any brand of cardiovascular home fitness equipment!
- **\$0 wellness visits**
Routine physicals with no out-of-pocket expense.
- **Oh Baby!**
Program for new and expecting parents includes a free car seat, home safety kit, prenatal vitamins, and reimbursement for childbirth classes—all at no extra cost!
- **Eyewear**
Discounts on frames and lenses, nonprescription sunglasses and contact lenses at participating optical shops.
- **Naturally Well**
Discounts on chiropractic care, acupuncture and massage therapy services, as well as vitamins and fitness equipment.



Doing business with FCHP



Credentialing process

FCHP is a member of Healthcare Administrative Solutions, Inc. (HCAS)

Initiating credentialing with FCHP:

- **Fax HCAS enrollment form, W-9 and/or signature page to 1-508-368-9902 (Enrollment form is available at www.hcasma.org. Click on “Resources,” then “HCAS Enrollment Form.”)**
- **If provider does not have an existing Council for Affordable Quality Healthcare (CAQH) ID number, one will be sent via mail from CAQH within 5-10 business days.**
- **Register and login to CAQH at www.caqh.org to complete the Integrated Massachusetts Application (IMA).**
- **For questions or assistance with the IMA process call CAQH at 1-888-599-1771.**

Enrollment form must be completed by contract administrator.



PCP referral procedure

Referrals for specialty care are required for all FCHP Steward Community Care members.

Referral process is as follows:

- **PCP refers member to a specialist within FCHP Steward Community Care for medically necessary care.**
- **PCP contacts the specialist by telephone, fax, mail or script and provides the PCP's name, their NPI number, the reason for the referral and the number of visits approved.**
- **Referral should be documented in member's medical records for both PCP & specialist. FCHP reserves the right to audit medical records to ensure specialty referral was obtained. Lack of proof of referral may result in claims retractions.**
- **The specialist verifies member's eligibility through the FCHP online eligibility tool, POS device or by contacting FCHP at 1-866-ASK-FCHP, prompt 1, Monday through Friday from 8:00 a.m. to 5:00 p.m.**
- **The specialist treats the member according to the PCP's request and exchanges clinical information with the member's PCP.**

If a specialist decides that a member needs a service that they cannot provide, the PCP will need to initiate a new referral to the appropriate specialist.



PCP referral procedure *continued*

The specialist submits a claim to FCHP with the PCP's NPI on the claim as proof of referral.

14. DATE OF CURRENT ILLNESS (First symptoms) OR INJURY (Accident) OR PREGNANCY (LMP) MM DD YY	15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS, GIVE FIRST DATE MM DD YY	16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY
17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE DR. JOHN SMITH	17a. NPI 0123456789	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY
19. RESERVED FOR LOCAL USE (Relate items 1,2,3 or 4 to item 24e by line)		20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input type="checkbox"/> NO
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY 1. _____ 3. _____ 2. _____ 4. _____		22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO. 23. PRIOR AUTHORIZATION NUMBER

- Failure to include complete referral information on claims will result in denial.
- PCP referrals will be accepted retroactively up to 120 days from the date of service.



Physical therapy & chiropractic referral procedure

For a referral to a participating physical therapist or chiropractor, the PCP must provide the member and/or provider with a written prescription.

	For physical therapy referrals:	For chiropractic referrals:
Script should include:	<ul style="list-style-type: none"> • Referring provider's name & address • Member's name and identification number • Referral issue date • Primary diagnosis code 	
Claim submission process:	PT claims do not require submission of prescription, and should be submitted to FCHP.	Chiropractor needs to submit a copy of the prescription to American Specialty Health Network when submitting the initial claim.



Radiology prior authorization program

- FCHP has implemented an authorization program for all outpatient MRI/MRA, CT/CTA, nuclear cardiac imaging (NCM), and PET imaging studies for most FCHP members.
- MedSolutions is the administrator of this program.
- Three ways to contact MedSolutions to request an authorization number:
 - Web portal: <https://www.medsolutionsonline.com>
 - Fax: Fax forms are available at www.medsolutionsonline.com or by calling the MedSolutions' Customer Service Department toll-free at 1-888-693-3211.
 - Phone: 1-888-693-3211, 8:00 a.m. to 9:00 p.m. eastern time
- **NOTE**: Imaging studies performed during an inpatient admission or emergency room visit are not included in this program.
- Services performed without prior authorization will be denied.



Sleep diagnostic and therapy prior authorization

- FCHP has partnered with Sleep Management Solutions and Care Core National to manage this authorization process.
- Providers must contact Care Core National to seek authorization for:
 - Sleep diagnostics (94660, 94799, 95805, 95806, 95808, 95810, 95811)
 - Therapy (E0470, E0471, E0561, E0562, E0601)
 - Supplies (A4604, A7030, A7031, A7032, A7033, A7034, A7035, A7036, A7037, A7038, A7039, A7044, A7045, A7046)
- Three ways to obtain an authorization number:
 - Web portal: <https://www.carecorenational.com>
 - Fax: 1-866-999-3510 Fax forms are available at www.sleepmanagementsolutions.com
 - Phone: 1-800-630-3493, 7:00 a.m. to 7:00 p.m. eastern time
- Services performed without prior authorization will be denied.



Prior authorization process

Plan prior authorization must be obtained by the requesting physician for the following:

- Office-based procedures identified on the procedure codes list
- Elective hospital/facility same-day surgery and ambulatory procedures on the procedure codes list
- Infertility/assisted reproductive technology (ART)
- Oral surgery services and treatment
- Plastic reconstructive surgery and treatment
- Transplant evaluation
- Neuropsychological testing
- Genetic testing
- DME (except procedures identified on the DME list)
- Oxygen
- Hospice
- Non-emergent ambulance
- All services with non-contracted OR non Steward Community Care providers, tertiary providers and or their facilities
- All unlisted CPT-4 and unspecified HCPCS codes
- All elective inpatient admissions
- PET scans

Note: A listing of codes requiring prior authorization can be found in the online Provider Manual located at fchp.org. Or, for the most updated information, you can use the procedure code look-up tool also located at fchp.org.



Prior authorization procedure

- **Submit the Request for Prior authorization form by faxing it to FCHP's Care Services Department at 1-508-368-9700.**
- **FCHP will send a determination to the requesting physician, PCP and member.**
- **FCHP will not process retroactive prior authorizations.**



Claims: paper & electronic

1. Paper claims

- Filing limit is 120 days or as stated in your contract
- Submit paper claims to: Fallon Community Health Plan, P.O. Box 15121, Worcester MA 01615-0121

2. Electronic claims—direct submission to FCHP

- Faster turnaround times
- Eliminates the need for a clearinghouse
- No transaction fee
- EDI coordinators: 1-866-ASK-FCHP, ext. 69968

3. Electronic claims—clearinghouses

- Emdeon: 1-800-845-6592 (Payor ID #22254 for professional and institutional)
- Medavant (formerly ProxyMed): 1-800-792-5256 (Payor ID #22254 for professional)
- McKesson: 1-800-778-6711 or online at mckesson.com/homeflash.html (Payor ID #3801 for professional and Payor ID #1576 for institutional)



Universal Request for Claim Review Form for providers

- In an effort to streamline the claims review process for providers, a new form is available. This form was created by the Massachusetts Health Care Administrative Simplification Collaborative, which includes Fallon Community Health Plan.
- This form replaces FCHP's Provider Claims Adjustment Request Form and the Provider Appeals Request Form.
- To file the Request for Claim Review Form, mail or fax to:
 - **Mail:**
Fallon Community Health Plan
Attn: Request for Claim Review/Provider Appeals
P.O. Box 15121
Worcester, MA 01615-0121
 - **Fax: 508-368-9890**



Claims adjustments

- **Adjustment – A claim that can be corrected and resubmitted.**
 - **DOB, DOS, procedure code, diagnosis code, invoice required, submission of operative notes**
- **Requests for claim adjustments must be submitted within 120 days of the original Remittance Advice Summary (RAS).**
- **If submitting a corrected claim via paper, please be sure to:**
 - **Clearly mark the claim as a “Corrected Claim.”**
 - **Complete the Universal Request for Claim Review form available at fchp.org.**
 - **Mail form and corrected claim to: Fallon Community Health Plan, Attn: Request for Claim Review, P.O. Box 15121, Worcester, MA 01615-0121; Or fax to: 1-508-368-9890.**



Electronic Claim Adjustments

- **Electronic claim adjustments now available**
 - UB and CMS 1500 claim adjustments can now be sent to FCHP electronically by using the replacement claim bill type 7 in CLM05 segment
 - Adjusted claim must have:
 - Same client/account # as original claim
 - Same billing provider/pay to
 - All claim lines need to be resubmitted
 - Adjustment examples include:
 - Procedure and diagnosis code changes
 - Removing or adding charges
 - Updating a member
 - Updating an authorization made after the original claim was processed
 - For more information contact FCHP's EDI Coordinator at 1-866-ASK-FCHP, extension 69968

Claim must have finalized status in order to submit adjustment



Provider appeals

- **Appeal – If you disagree with the determination made by FCHP, a provider appeal may be submitted.**
 - **Lack of medical necessity**
 - **Preauthorization issues**
 - **Late submission**
- **Requests for provider appeals must be submitted within 120 days of the original RAS.***
- **Must be submitted in writing with all pertinent documentation substantiating the request.**
- **Appeal determinations will be final and binding and in keeping with the provisions of your contract with FCHP.**
- **Complete the Universal Request for Claim Review Form available at fchp.org.**
- **Mail documentation and form to: Fallon Community Health Plan, Attn: Request for Claim Review/Provider Appeals, P. O. Box 15121, Worcester, MA 01615-0121**
- **Or fax to: 508-368-9890**

** Reminder: All appeals submitted after 120 days from the date of the original RAS will be denied.*



Provider Online Tools



Online provider tools at fchp.org

- **Once registered, you will have access to these tools:**
 - Eligibility verification
 - Claims metrics reports
 - PCP panel reports
 - PCP referral monitoring report

- **To register for accessibility to Provider Tools:**
 1. Download the registration packet at fchp.org
 2. Complete the form and fax it to: 1-508-797-4292
 3. Or mail it to: Fallon Community Health Plan, Attn: EDI Coordinator, 10 Chestnut St., Worcester, MA 01608-2810
 4. Within two to four weeks, you will receive your username and password.



Provider tools—eligibility verification

- You can verify your patients eligibility on the date of service (120 days back, and 90 days forward)
- You can verify products, copayments and deductibles
- You can search by Member ID, or name and date of birth
- You can also verify eligibility via:
 - PCP panel report
 - Emdeon's website (The POS device is also available)
 - FCHP Customer Service, at 1-866-ASK-FCHP, prompt 2



Provider tools—eligibility verification

continued

Eligibility verification

[Eligibility help](#)

Welcome to Fallon Community Health Plan's online eligibility verification. To begin, simply enter the FCHP Member ID# and the Date of service, or choose "Search by name and date of birth." Your response will identify if your patient is covered by FCHP as of today for the date of service requested. Please be advised that enrollment transactions may occur retroactively, and that confirmation of eligibility is not a guarantee of payment or authorization of medical services. All services are subject to coverage, benefit, network and contract policies and exclusions.

Please Note: You may search for a date of service 120 days prior and 90 days forward from today's date.

Fields with an asterisk (*) are required.

Member ID #: * [Search by Name and Date of Birth](#)

Date of Service: * 04/20/2012 

Sample Member ID card front

John Sample ID 0000000000000000 RX [Y/N] HCO xxx DB [Y/N] COPAYS PCP office visit \$ 15 Physical exam \$ 0 Specialist office \$ 30 Emergency room \$ 100 Same-day surgery \$ 250 Inpatient \$ 250 Prescription \$ 15/30/50 <small>Deductibles may apply to certain services.</small>	<small>Regional/Limited network</small>  Steward <small>Community Care.</small> 
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Provider tools—eligibility verification

continued

This information is being viewed on: 4/20/2012

Eligibility results			
As of today, this member is eligible for the date of service requested.			
Member ID #:	██████████	Date of service:	4/20/2012
Name:	██████████	Date of birth:	██████████
Address:	██████████		
<hr/>			
Plan:	FCHP Steward Community Care	Effective date of current plan:	1/1/2012
PCP:	██████████	NPI #:	██████████
Health care option:	██████████	PCP phone number:	██████████
<hr/>			
Individual Deductible:	1000.00	Family Deductible:	2000.00
Office copay:	20.00	Specialist copay:	20.00
ER copay:	100.00	OB copay:	20.00
Physical Exam copay:	0.00	Pedi Physical Exam copay:	0.00
Chiro copay:	20.00	Mental Health copay:	20.00
Substance Abuse copay:	20.00	Vision copay:	20.00
<hr/>			
Deductibles or coinsurance may apply to certain services			
This information is being viewed on: 4/20/2012			



Provider tools—claims metric reports

- **Available only to contracted FCHP providers**
- **Measure FCHP's performance regarding claims turnaround time and adjudication rates**
- **Review your claims profile**
- **Allows you to view/download customized reports**



Provider tools—claims metric reports

Claims metric report summary

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This information was last updated on: 4/19/2012
This information is being viewed on: 4/20/2012

Summary statistics are based upon the prior 12 weeks of claims processing activity.

Claims metric report summary: [REDACTED]

Total # of claims received	2913
Total # of claims approved/paid	2546
Total # of claims in process	261
Total # of claims rejected	48
% of total claims received that are rejected	1.65%
Average # of days from service date until FCHP received claim	5
Average # of days from received date until FCHP processed claim	16
Average # of days from received date until FCHP RAS date	29

Rejection details: [REDACTED]

Reject Reasons	# of claims Rejected	% of claims reject for this reason
Denied-member not enrolled on dos	26	54.17%
Denied-duplicate claim line	13	27.08%
Denied-paid by other insurance	1	2.08%



Provider tools—PCP reports

- **PCP panel reports**
 - For PCPs only
 - Allows you to view/download customized reports
 - Access to your provider(s) only
- **PCP referral monitoring reports:**
 - Enables PCP to view specialists rendering service to their patients



Also available on fchp.org

- **Procedure code look-up**
- **Provider look-up**
- **Provider Manual**
- **Forms**
- **Request materials**
- **Contact us**



FCHP keeps you connected

Connection

- Bimonthly newsletter containing updates and new information
- Online version also includes policies, additional information and archived information

To stay connected, send your e-mail address to askfchp@fchp.org



More ways to reach us

Provider Service Line:

1-866-ASK-FCHP (1-866-275-3247)

- **For Claims Department, prompt 1**
- **For Customer Service Department (to determine member eligibility or benefit information), prompt 2**
- **For referrals, prior authorizations or Case Management, prompt 3**
- **For Provider Relations, prompt 4**
- **For Pharmacy Services, prompt 5**



Thank you!

More information. More service. More you.

