

Connection

January 2014

Important information for Fallon Community Health Plan physicians and providers

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What's new

Introducing SmartChoice for affordable high-tech radiology screening

Fallon Community Health Plan will be introducing the SmartChoice program administered by MedSolutions, our medical cost management partner for high-tech radiology (CT, MRI, PET). The program goes into effect March 1, 2014.

SmartChoice is a built-in component of your standard communication with MedSolutions for high-tech radiology screening. **When you select a higher-cost location in your initial screening request, MedSolutions will recommend more affordable high-tech radiology facilities you might use instead.**

The cost of high-tech radiology services varies greatly, and the savings associated with cost-conscious referrals can add up significantly for both FCHP 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 offer additional education about other more cost-effective and, often times, more convenient options.

For additional details about SmartChoice, please call 1-866-ASK-FCHP (1-866-275-3247). ■

FCHP offering electronic funds transfer

PaySpan Health has completed its implementation, and we are excited to offer you Electronic Funds Transfers (EFTs) and Electronic Remittance Advices (ERAs) through our new partnership with them.

These tools are available at your fingertips online for accessing remittance/vouchers and doing straightforward reconciliation of payments. PaySpan will provide ongoing support of these processes once you register with PaySpan.

Please register through PaySpan (payspanhealth.com/ProviderPortal/Registration). More information is available on fchp.org/providers. ■

Pilot program offers extra protection for NaviCare® members

FCHP is pleased to tell you about a new partnership with Healthsense, a provider of senior care solutions, through which we are offering the eNeighbor® monitoring system to select NaviCare members who live alone and not in a facility.

This pilot program equips members with a remote monitoring system that is installed in each resident's home. The system monitors an individual's movements to alert caregivers in the event of an emergency. The Healthsense technology also alerts FCHP Navigators about any changes in activities of daily life, such as sleep patterns, eating and toileting. Our goal in offering this pilot program is to help our members live independently for as long as possible.

This Healthsense pilot program began on October 1, 2013, and will continue for one year. We offered the pilot only to NaviCare members who met specific criteria. We're no longer accepting new participants. ■

Doing business with FCHP

New CMS 1500 Health Insurance Claim form – transition timeline

The past few issues of *Connection* have mentioned the proposed timeline for transitioning to the new CMS 1500 Health Insurance Claim form.

Starting January 6, 2014, FCHP will begin accepting and processing paper claims submitted on the revised 1500 Claim Form (1500 0 02/12).

For the time period of January 6, 2014, through March 31, 2014, FCHP will accept both claim forms (1500 08/05 and 1500 02/12). Starting April 1, 2014, FCHP will process paper claims received only on the 02/12 form version.

Please see our *Provider Manual* for any billing changes due to the revised claim form. For more information on the claim form changes, go to nucc.org. ■

Helpful hint for claim adjustment requests

FCHP strives to process each claim promptly and correctly the first time. However, there are instances when a claim requires an adjustment or needs to be reviewed in further detail. The Request for Claim Review Form allows you to resubmit claims to address these issues.

In order for these claims to be reprocessed quickly and correctly, we request that you mark the appropriate box and provide as much information as possible in the "Comments" section. This helps us to send the form to the correct department to make the necessary adjustments. ■

TAT for Medicare PA requests includes all days of week

"Turnaround time" (TAT) for Medicare prior authorization (PA) requests is strictly regulated by the Centers for Medicare & Medicaid Services (CMS). Requests must be done within either 24 (urgent) or 72 (non-urgent) hours from the time of receipt. Providers must reply within the time limit.

Please be aware of this TAT when submitting PAs at night or on a Friday. CMS regulations define TAT as including **all days** (including weekends and holidays). We'll continue to work on authorizations on weekends and holidays. If we do not receive enough information, FCHP is still obligated to make a decision based on the available information.

Providers and their office staff should consider nights, weekends and holidays when submitting authorization requests. Also it's helpful to use the forms online to get all needed information submitted the first time. ■

Reminder: Pharmacy benefit PAs go to Caremark

FCHP continues to receive pharmacy benefit prior authorization (PA) requests that should be directed to Caremark. On November 1, 2013, FCHP began faxing incoming pharmacy benefit PA requests back to the providers to resubmit them directly to Caremark.

Please use the appropriate phone/fax number below to submit pharmacy benefit PAs to Caremark.

	Plan name	Phone	Fax
Medicare Part D plans	<ul style="list-style-type: none"> • Fallon Senior Plan HMO • Fallon Senior Plan PPO • NaviCare® • Summit ElderCare® 	1-866-239-4707	1-855-633-7673
Medicaid plans	<ul style="list-style-type: none"> • MassHealth 	1-866-643-5126	1-855-762-5204
Commercial plans	<ul style="list-style-type: none"> • Commonwealth Care • FCHP Direct Care • Fallon Companion Care • FCHP Select Care • Fallon Preferred Care PPO • Steward Community Care • FCHP Tiered Choice 	1-866-772-9538	1-888-836-0730

Introducing Standardized Provider Information Change form

The Mass Collaborative*, a multi-stakeholder group committed to reducing health care administrative burdens and costs, is pleased to introduce the Standardized Provider Information Change form.

When there is a demographic change, instead of completing a different form for each health plan that you contract with, providers only need to complete this one standardized form and can either send it electronically as an attachment, via fax, or by U.S. mail to the health plans.

Fallon Community Health Plan and Fallon Total Care began accepting this form December 2, 2013. The form is available at fchp.org/providers/medical-management/forms (FCHP) or fallontotalcare.com/Providers/provider-manual/forms (FTC).

Other health plans accepting the form are: Blue Cross Blue Shield of Massachusetts; Boston Medical Center Healthnet Plan; Celticare Health Plan of Massachusetts; Harvard Pilgrim Health Care; Health New England; Neighborhood Health Plan; Network Health; Tufts Health Plan; Senior Whole Health; and Unicare.

Moving? Changing your name, billing company or email address? Closing or opening your panel?

In order to best communicate with providers and make sure that patients have the most up-to-date information about a practice, health plans need to have current demographic information. The standardized provider information change form will make it easy to communicate these changes to all contracted health plans listed above simply by completing this one form.

It is important to note that this form should not be used for credentialing or contractual changes and that, in certain limited circumstances, individual plans may need to follow up with providers for additional information.

Questions?

For questions about specific health plan policies or requirements, contact that health plan directly. For general feedback about the form, contact either Karen Granoff: KGranoff@mhalink.org or Talia Goldsmith: TGoldsmith@mms.org. ■

*Members of the Mass Collaborative include the Massachusetts Hospital Association, Massachusetts Medical Society, Blue Cross Blue Shield of Massachusetts, the Massachusetts Association of Health Plans, the Massachusetts Health Data Consortium, MassHealth, Healthcare Administrative Solutions, as well as several local payers and providers.

Product spotlight

Comm Care members get extension to sign up for Connector Care

Commonwealth Care members who are eligible for a new, subsidized program, called Connector Care, have been given an extension to March 31, 2014, to sign up. These members are not eligible for Medicaid, but fall below 400% of the federal poverty level. They will be notified of the extension and encouraged to promptly enroll in a Connector Care subsidized plan via the Massachusetts Health Connector's website or phone line.

Commonwealth Care coverage for these individuals will continue until they enroll in a new plan, or through March 31. The original signup date for 2014 health care coverage was December 23, 2013.

Other Commonwealth Care members were automatically transitioned to the newly expanded Medicaid program, called CarePlus.

No new members are being accepted into Commonwealth Care after December 1, 2013. ■

GIC adopts IRBO model that encourages PCP participation

The Group Insurance Commission (GIC), which provides and administers health insurance for state employees, is rolling out over the next five years an Integrated Risk Bearing Organization (IRBO) initiative it is calling "Centered Care." The goal is to help its members get the right care at the right place while also containing costs. IRBOs emphasize team-based systems that accept full or partial risk for the quality and cost of patient care.



Fallon Community Health Plan strongly supports the GIC in this initiative. Our HMO options available to the GIC—FCHP Direct Care and FCHP Select Care—already use the PCP-model approach, which is being encouraged with this initiative. We use both new-member letters and welcome calls to let members know that PCP identification is required.

Central to the IRBO approach is that a PCP will be responsible for coordinating the care of each patient by providing reminders about needed tests, helping patients find appropriate specialists, keeping track of prescriptions and lab tests and results, and helping patients navigate the medical world.

Primary care providers will continue to hear more about the GIC initiative as it rolls out. ■

Let's connect

Emergency Service Programs may offer better alternatives

Beacon Health Strategies would like to share some information with you that can benefit your patients who are living with mental illness.

Emergency Service Programs (ESPs) are ready to provide psychiatric crisis stabilization in the community to avoid psychiatric hospitalization whenever possible. The ESP teams are mobile and will respond to crisis situations in the community 24 hours a day, 7 days a week. Each program also has a public site where ESP clinicians can assess the individual and provide stabilizing services or arrange for a psychiatric hospitalization.

Calling an ESP service number instead of 911 or the police eliminates a police contact and the potential for the situation to escalate. It also may eliminate a hospital admission because the ESP team is prepared to provide psychiatric crisis intervention, a referral to community mental health services or a temporary respite. The phone number to call varies by regions in the state.

As your partner in managing the behavioral health care of our member/patients, we invite you to tell others in your provider network about ESPs. In the spirit of behavioral health-PCP alignment, we especially believe that PCPs can benefit from learning more about ESPs.

More information about Emergency Service Programs is also available at namimass.org/crisis/who-to-call-for-help. ■

Testing Wisely – Age-appropriate screening

In the latest article in our ongoing “Testing Wisely” series, we are highlighting two preventive tests that are mentioned in the Choosing Wisely® campaign. These are colonoscopies and prostate-specific antigen (PSA) testing for individuals over the age of 75.



An initiative of the ABIM Foundation

As you may recall, the campaign is an initiative of the ABIM Foundation that aims to raise awareness about the overuse of certain tests and 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. See *Connection* online for results of our utilization review and other details. **i**

● MassHealth updates

Intensive care coordination using “wraparound” care planning

Intensive care coordination (ICC) is a service for youth with serious emotional disturbances that is delivered through a network of community service agencies located throughout the state.

ICC is available to MassHealth members under the age of 21 who have MassHealth Standard or CommonHealth. ICC uses a model known as “wraparound.” This is a structured process for building a community support network for youth who require behavioral and emotional support.

The wraparound model puts the family at the center of the planning process and builds a team around the family’s vision for their child’s future. The team typically includes both formal supports (e.g., doctors, teachers, counselors and caseworkers) and natural supports (e.g., extended family, friends and people in the community connected to the child and family).

Together, the team works to make the child’s plan a reality. The team does this by brainstorming ways to overcome obstacles and develop community resources to help the child succeed. Over time, plans will evolve, and the persistence of the team is a key factor in the development of a plan that supports lasting change.

For more information regarding ICC, please call FCHP’s Behavioral Health partner, Beacon Health Strategies, at 1-888-421-8861. ■

Mobile Crisis Intervention for youths

Mobile Crisis Intervention (MCI) is available to MassHealth youths under the age of 21. MCI is a short-term service that is a mobile, on-site, face-to-face therapeutic response to a youth experiencing a behavioral health crisis. This crisis response identifies, assesses, treats and stabilizes the situation, and reduces immediate risk of danger to the youth or others. The service is provided 24 hours a day, 7 days a week.

MCI includes: a crisis assessment, engagement in a crisis planning process, and up to 7 days of crisis intervention and stabilization services. These services may include an on-site, face-to-face therapeutic response, psychiatric consultation, urgent psychopharmacology intervention, and referrals and linkages to medically necessary behavioral health services and supports.

For youth who are receiving intensive care coordination, MCI staff will coordinate with the youth’s care coordinator throughout the delivery of the service. MCI will also coordinate with the youth’s primary care provider, any other care management program or other behavioral health providers involved with the youth throughout the delivery of the service.

For more information about Mobile Crisis Intervention, please call FCHP’s Behavioral Health partner, Beacon Health Strategies, at 1-888-421-8861. ■

● Compliance

ICD-10 less than a year away

FCHP has partnered with the Massachusetts Health Data Consortium (MHDC) and many other payers and providers to collaborate on the ICD-10 project as it relates to activities that are being shared across our business.

Examples of this collaboration include data mining, testing and mapping. This MHDC Collaborative is open to all health care providers. We strongly encourage you to contact MHDC to see how you might be able to work with the collaborative in an effort to streamline your ICD-10 project.

More information can be found at mahealthdata.org/icd10public?disclaimer=3rdparty. Also, please refer back to fchp.org/icd10 as we will continue to update our project implementation page with more testing information. ■

Payment policy updates

Payment policies this issue

Revised policies – effective March 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.

- **Autism Services Payment Policy** – Updated the list of codes in the policy.
- **Clinical Trials Payment Policy** – Updated the description of reimbursed services for commercial members and the list of codes in the policy.
- **Infertility/Assisted Reproductive Technology Services Payment Policy** – Updated list of reimbursed codes.
- **Laboratory and Pathology Payment Policy** – Updated discussion about urine drug tests and added discussion about modifier 26 with automated lab codes.
- **Palliative Care Consultation Payment Policy** – Updated the list of codes in the policy.
- **Vaccine Payment Policy** – Updated discussion of codes in the policy.

New FTC policy – effective March 1, 2014

Fallon Total Care (FTC) providers only: The following FTC payment policy has been added. Go to fallontotalcare.com/Providers/provider-manual/payment-policies.

- **Team Conferences and Telephone Services Payment Policy** ■

Quality focus

HEDIS® 2014 update

As the HEDIS season rapidly approaches, FCHP would like to remind you how important the information is that you and your staff provide to our Quality Programs department.

We'll send out Medical Record Request forms with specific medical record documentation requirements beginning in January and continuing through April for several different measures.

If you have any questions, or if you'd like help to prepare for the upcoming HEDIS season, please contact Robin Byrne, FCHP Quality Programs, at 1-508-368-9103.

You'll find a link to the updated HEDIS 2014 measure requirements at: fchp.org/providers/resources/hedis-measures. ■

NaviCare clinical practice initiatives available online

Providers in our NaviCare network have the convenience of viewing clinical practice initiatives from the provider section of our website, and can easily print PDF versions of each topic. On fchp.org/providers/medical-management/navicare-clinical-initiatives, you'll find the most current version of the following guidelines, which we've updated since May 2013 to reflect the latest available information. (You also may request a paper copy by calling the number at the end of this article.)

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

While on our site (fchp.org/providers), please take a few minutes to browse our various tools and resources that can help you stay informed and interact with us more efficiently.

► Reminder: MHQP pneumococcal vaccine for age 65+

Massachusetts Health Quality Partners guidelines recommend that individuals age 65 or older receive one dose of the pneumococcal vaccine. If you have patients who received the vaccine before age 65, MHQP recommends they receive an additional dose five years after the earlier vaccination.

As older people are most likely to die from pneumococcal disease, it's important they receive the additional vaccine, when appropriate, to remain up-to-date. You'll find the MHQP guidelines at: mhqp.org/guidelines/preventivePDF/adult_immunizations_2011.pdf.

If you have any questions, please contact your Provider Relations Representative for assistance at 1-866-ASK-FCHP (1-866-275-3247). ■

Asthma Clinical Practice Guideline adopted

FCHP's Clinical Quality Improvement Committee has endorsed and approved the evidence-based Clinical Practice Guideline Expert Panel Report 3 (EPR 3): *Guidelines for the Diagnosis and Management of Asthma*.

This guideline can be found at fchp.org/providers/medical-management/health-care-guidelines. For a paper copy, please contact Robin Byrne at 1-508-368-9103. ■

Coding corner

HIPPS coding for SNF and HHA claims postponed to July 1

In the November 2013 *Connection*, we notified you that, beginning with dates of service December 1, 2013, you would be required to submit a HIPPS code for all skilled nursing facility (SNF) and home health agency (HHA) claims in keeping with requirements of the Centers for Medicare & Medicaid Services (CMS). Since then, CMS has delayed the implementation of the HIPPS code requirement for SNF and HHA claims until July 1, 2014.

FCHP will also delay the implementation of this requirement. Please look to future *Connection* articles to instruct you further on this billing requirement. If you have any questions, please contact your Provider Relations Representative for assistance at 1-866-ASK-FCHP (1-866-275-3247). ■

New 2014 CPT/HCPCS codes

All new codes will require prior authorization until a final review is performed by Fallon Community Health Plan. FCHP will review and assign the appropriate coverage and determine prior authorization requirements for all new codes by January 1, 2014. FCHP will notify all contracted providers of this determination via the March issue of *Connection* and in the *Provider Manual* at fchp.org/providers/provider-manual. ■

Chart review – process update

In 2014, FCHP will implement a process to review paid claims against a corresponding medical record document. This review will enable FCHP to identify erroneous and supplemental diagnosis that will be corrected through the claims adjustment process. The Remittance Advice Summary (RAS) will include messaging that identifies when an adjustment has occurred. ■

Code updates

Effective 10/1/2013, the following codes *no longer require plan prior authorization*:

20520	Removal of foreign body in muscle or tendon sheath; simple
21935	Radical resection of tumor (e.g., malignant neoplasm), soft tissue of back or flank
22900	Excision, abdominal wall tumor, subfascial (e.g., desmoid)
27327	Excision, tumor, thigh or knee area; subcutaneous
27618	Excision, tumor, leg or ankle area; subcutaneous tissue ■

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 ● January 2014

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

- Payment policy updates and links
- *Breaking news*: Dr. Aggarwal named CMO
- Testing Wisely – Age-appropriate screening

Connection is a bimonthly publication for all FCHP ancillary and affiliated providers. The next copy deadline is **January 6** for our March 2014 issue.

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Questions?

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