



What's new

- [A Fallon tradition of giving back to the community](#)
- [Community Health Survey](#)
- [New shingles vaccine](#)

Product spotlight

- [NaviCare® fall prevention program](#)
- [NaviCare Model of Care update](#)
- [Summit ElderCare®: Fallon's PACE program](#)
- [Safe Transitions Program](#)

Doing business with us

- [New Medicare cards and MBIs](#)
- [Provider ombudsman for new Medicare cards](#)
- [Cultural competency training](#)
- [Commercial pharmacy PA reminder](#)
- [eviCore](#)

Quality focus

- [Care for Asthma and COPD](#)
- [Clinical Practice Guideline update](#)

MassHealth

- [Fallon proud to participate in MassHealth's ACO program](#)

Coding corner

- [Coding updates](#)

Payment policy updates

- [Revised policies](#)
- [Annual review](#)
- [New policy](#)

What's new

A Fallon tradition of giving back to the community

Grants

At Fallon Health, we have a longstanding [commitment to addressing health care barriers](#) in underserved communities.

An example of that commitment is the \$100,000 in grants we awarded in 2017 to support 10 Massachusetts community-based organizations devoted to senior or child/youth health initiatives or hunger relief:

- Central MA Housing Alliance
- Merrimack Valley Immigrant and Education Center
- Northampton Survival Center
- Regional Environmental Council
- St. Paul's Elder Outreach
- Appalachian Mountain Club (Lowell and Lawrence)
- Berkshire Health Systems' Operation Better Start (Boys & Girls Club of Pittsfield)
- Boys & Girls Club of Worcester
- CASA Project (Worcester County)
- Girls, Inc. of Worcester

If you know of an organization in need of support, please let them know about the [funding opportunities](#) Fallon offers throughout the year.

Volunteerism

Fallon Health continues its long history of leadership in addressing health care barriers in underserved populations through employee volunteerism and strategic financial support.

Underserved communities face many challenges, including health care access and affordability, nutrition and food insecurity, transportation, workforce development, housing and safety.

In 2017, Fallon employees contributed thousands of volunteer hours to address these health care challenges. Initiatives included:

- Building or rebuilding seven food pantries at community sites, including those at the Worcester Boys & Girls Club, Abby Kelley Foster Charter School and South Worcester Neighborhood Improvement Center
- Volunteering for Working for Worcester, the Worcester Public Schools College Application Day and the United Way Day of Caring
- Responding to hurricane relief efforts in Texas, Florida and Puerto Rico by collecting more than 38 large boxes filled with supplies
- Providing holiday presents to hundreds of children and families
- Donating holiday meals to 350 families throughout the Berkshires, Lowell, Springfield and Worcester
- Supporting Fallon's annual United Way campaign by joining the company in raising \$71,000

These efforts go above and beyond Fallon's other giving initiatives which include grants, hunger relief funding and sponsorships to more than 250 organizations across Massachusetts.

"We will continue to make a meaningful difference by focusing on volunteering and strategic grants," said Richard Burke, President and CEO of Fallon Health. "We've seen firsthand—whether it's building and stocking a food pantry or helping first-generation students complete their college applications—the power of community involvement."

For more information about Fallon's volunteer and grant programs, visit fallonhealth.org/community. ■

Community Health Survey

The Worcester Division of Public Health, Fallon Health and UMass Memorial Medical Center are seeking input from the community in the 2018 Greater Worcester Community Health Assessment (CHA) Survey. Conducted every three years, the CHA helps determine the key health issues affecting our community.

Visit the survey [here](#) to participate. Please share with your colleagues, patients, families and friends. (If you don't live or work in Worcester County, you don't need to take the survey.)

Your participation helps Fallon Health and other community leaders to better understand the needs of the region, so that we can establish funding priorities to address any gaps. All results will be compiled and available at healthycentralma.com later this year.

Thank you in advance for your participation. ■

New shingles vaccine recommended by CDC is covered by Fallon

The CDC is recommending that healthy adults age 50 and older should get two doses of the shingles vaccine called Shingrix®. Effective March 1, 2018, Fallon covers the vaccine for members age 50 and over. Two doses of Shingrix is more than 90% effective at preventing shingles and postherpetic neuralgia, the most common complication from shingles. Protection stays above 85% for at least the first four years after vaccination. According to the CDC, Shingrix is preferred over Zostavax®, the shingles vaccine used since 2006.

Items to note:

- There is no maximum age for getting Shingrix.
- For adults age 50 to 69 who received two doses of Shingrix, the vaccine was 97% effective in preventing shingles. Among adults 70 and older, it was 91% effective.
- If your patients have had shingles in the past, they can get Shingrix to help prevent future outbreaks. There is no specific length of time patients need to wait between having shingles and getting Shingrix, but they should wait until the shingles rash has gone away.
- If your patient has had Zostavax recently, they should wait at least eight weeks before getting Shingrix.
- Side effects from Shingrix may include sore arm, redness and swelling where the shot was given, headache, feeling tired, muscle pain, shivering, fever, stomach pain or nausea. Symptoms last two or three days. People may get side effects from the first dose, second dose, or both.
- Severe allergic reactions from Shingrix are very rare.
- Patients may receive Shingrix if they have a minor illness, such as a cold. Those with a more serious illness should wait until they are fully recovered.

For more information, visit cdc.gov. ■

Product spotlight

NaviCare fall prevention program

Each year, 33 percent of adults over age 65 fall, but less than half talk to their health care provider about it. Falls are the leading cause of fatal and non-fatal injuries for older adults. Over 2.5 million older adults are treated in emergency departments each year for falls, and about 25 percent of those are hospitalized as a result of the fall. In addition to injury, those who fall are at risk for medical complications from impaired mobility, and psychosocial complications related to fear of falling and loss of independence.

NaviCare has launched a fall prevention program in response to this all-too-common problem. NaviCare nurse case managers screen all NaviCare members for falls. They then refer selected members for medical evaluations to treat cardiovascular or neurologic causes, consider medication-related effects and treat vision deficits.

After that initial screen, members who can participate in a home exercise program are referred to participating home health agencies for physical therapy. Providers can also refer NaviCare members to the fall prevention program by contacting the member's nurse case manager.

Members referred for physical therapy will have a home safety evaluation, if not completed recently, and begin the [Otago Exercise Program](#) that has proven successful in many communities around the world. The exercises prescribed are for strengthening, balance and active range of motion.

We are asking all contracted home care agencies that provide physical therapy to consider participating in Fallon's fall prevention program. Physical therapists who wish to participate must complete training to administer the Otago Exercise Program. It is available online and is free. See the link above.

We have started this program in our central region and are hoping to work with as many contracted home care agencies as we can to deliver the fall prevention program to our members across the entire state. Please let us know if you can participate in this program by emailing pamela.dorazio@fallonhealth.org. ■

NaviCare Model of Care update

When your patients join Fallon Health's NaviCare® SCO or NaviCare® HMO SNP program, their Care Team helps them meet their health goals. The Model of Care has been updated with enhanced descriptions for the Navigator and Primary Care Provider, and the addition of a Clinical Pharmacist. Below is an updated outline.

Navigator

- Educates patients about benefits and services
- Educates patients about, and obtains their approval for, their care plan
- Assists in developing patient's care plan
- Helps patients make medical appointments and access services
- Informs Care Team when patient has a care transition

Nurse Case Manager or Advanced Practitioner

- Assesses clinical needs
- Teaches about conditions and medications
- Helps patients get the care they need after they're discharged from a medical facility

Primary Care Provider

- Receives patient's care plan, reviews and provides input
- Provides overall clinical direction
- Provides primary medical services including acute and preventive care
- Orders prescriptions, supplies, equipment and home services
- Documents and complies with advance directives about the patient's wishes for future treatment and health care decisions

Geriatric Support Service Coordinator employed by local ASAPs (if patient is living in own home)

- Evaluates need for services to help patients remain at home and coordinates those services
- Helps patients with paperwork
- Connects patients with resources for elders

Behavioral Health Case Manager (as needed)

- Coordinates services to address mental health and substance use disorder needs
- Coordinates with the team and mental health and substance use providers

Facility Liaison (if patient lives in an assisted living, long-term care or rest home setting)

- Connects the Care Team with the staff at your patient's facility

Clinical pharmacist (as needed)

- Visits patients after care transitions to perform a medication reconciliation and teach them proper medication use ■

Summit ElderCare®: Fallon Health's PACE program

At Fallon Health, we know the health of your patients is very important to you. It's important to us as well. That's why we want to share information about our Summit ElderCare program with partners like you.

Summit ElderCare is a PACE (Program of All-Inclusive Care for the Elderly) program that provides care and support to both participants and caregivers. For your patients who are providing care to an older adult with chronic needs, we can help. Our program provides:

- Access to experts who specialize in geriatric care
- Individualized consultation for caregivers on their loved ones' care plans
- 24-hour telephone assistance to caregivers for medical advice and emergencies
- Caregiver support groups
- Medical care, social support and adult day health services all in one centralized location, as well as health insurance and in-home services, as needed
- Transportation for participants to and from the PACE Center, and from the PACE Center to any health services outside the PACE Center, such as specialist appointments
- Programming and dedicated areas for participants with Alzheimer's disease, dementia and other cognitive impairments at each PACE Center

With Summit ElderCare, individuals can continue living at home or in the community—safely and independently—as long as medically and socially feasible. For more information on Summit ElderCare, give us a call at 1-800-698-7566 (TRS 711), Monday–Friday, 8 a.m.–5 p.m.

**Survey responses from more than 500 program participants and caregivers. ■*

2018 Annual Satisfaction Survey*

99%

overall satisfaction with program

100%

would recommend Summit ElderCare to a friend

Safe Transitions Program success stories

Fallon Health's Safe Transitions Program was created to reduce hospital and SNF readmissions using pharmacist in-home post-discharge medication review and education. Post-discharge adverse events are a major driver for avoidable hospital readmissions, and most of these events are related to medications. The pharmacists in the Safe Transitions Program work with patients, providers and VNA nurses to assure patients are taking medications correctly. Members enrolled in the program receive an in-home visit from a pharmacist and will be monitored for 30 days.

Here are a few examples of how the program is helping patients during transition from hospital/ SNF admission to the home setting:

- Patient with COPD stopped taking prescribed inhaler due to cost. Our pharmacist helped the patient switch from higher tier inhalers to lower tier medications and improved adherence.
- Patient with heart failure stopped taking diuretic, assuming that one month supply was all that was needed because hospital prescription had no refills. We intervened and clarified continuation of diuretic, and patient restarted medication.
- Patient with diabetes and on sliding scale insulin was unclear about the correct sliding scale to be used after discharge. We intervened and clarified which sliding scale dose to use and helped patient monitor blood glucose.
- Member whose antidepressant was discontinued was unclear about tapering his medication. Pharmacist intervened and recommended a tapering dose and obtained a new prescription for the member.
- Member stopped taking her antiplatelet medication after hospital discharge. Pharmacist identified potential error and spoke with PCP office. The office reinstated the therapy and renewed the prescription.

For more information about the Safe Transitions Program, call 1-800-333-2535, ext. 69689, Monday–Friday, 8:30 a.m.–5:00 p.m. ■

Doing business with us

Are you ready for the new Medicare cards and Medicare Beneficiary Identifiers (MBI)?

Beginning this month, CMS will begin to mail new Medicare cards with MBIs to members. The [Medicare Access and CHIP Reauthorization Act \(MACRA\) of 2015](#) requires CMS to remove Social Security Numbers (SSNs) from all Medicare cards by April 2019.

The biggest reason for removing the SSN from Medicare cards is to fight medical identity theft for people with Medicare. By replacing the SSN-based Health Insurance Claim Number (HICN) on all Medicare cards, your patients' private health care, financial information, Federal health care benefits and service payments can be better protected.

What can you do to get ready for the new cards?

- Look at your internal practice management systems to see what changes you need to make in order to use the MBI. Do this as soon as possible so you have it done by the time the cards are mailed to members.
- If you use vendors to bill Medicare, contact them about their MBI practice management system changes.
- Your system must be ready to accept the MBI by April 2018. People new to Medicare will only be assigned an MBI.

How can you help your patients?

- Remind your patients to bring their new Medicare cards to their next appointment.
- Display posters or tent cards in your office to remind your patients the cards are coming soon. Visit [cms.gov](https://www.cms.gov) for information about these and other materials you can order.

When can you start using the MBIs?

You may begin using them as soon as your patients receive their new cards beginning this month. The effective date of the new card is the date beneficiaries are eligible for Medicare.

How long can you accept the HICN?

All HICN-based claims must be received by January 1, 2020. After the transition period ends on this date, you'll need to use MBIs on your claims.

For more information about MBIs, visit [cms.gov](https://www.cms.gov). ■

CMS announces provider ombudsman for new Medicare cards

The Centers for Medicare & Medicaid Services (CMS) has named Dr. Eugene Freund as the ombudsman to serve as a resource for health care providers concerning the new Medicare beneficiary enrollment cards. He will also communicate about the new Medicare card to providers and collaborate with CMS to develop solutions to any implementation problems that arise.

CMS will begin mailing the new cards to people with Medicare benefits in April 2018 to meet the statutory deadline for replacing all existing Medicare cards by April 2019. The [new Medicare cards](#) will contain a unique, randomly-assigned number that replaces the current Social Security-based number. To reach the new ombudsman, email NMCPProviderQuestions@cms.hhs.gov. ■

Cultural competency training

As of March 1, 2018, Medicaid Managed Care plans are required to indicate in their provider directories whether each provider has completed cultural competency training.

Fallon strongly encourages you to complete this training, update your [practice information](#) and fill out the section called "Update Information Form". Here you will be asked if you have completed cultural competency training. When you have finished, please hit the submit button at the bottom of the screen.

Visit our [Cultural competency page](#) for suggested courses and resources. ■

Commercial Pharmacy Prior Authorization (PA) Reminder

A large percentage (25%-30%) of our commercial retail pharmacy prior authorization denials are due to providers not submitting the PA on the required state-mandated standard PA form.

We wish to remind you that the [Massachusetts Standard Form for Medication Prior Authorization Requests](#) is the only prior authorization form that is accepted for Commercial and Exchange plan members. This is a state-wide requirement. Since each health plan still maintains distinct PA criteria, please review the [criteria](#) posted on our website prior to completing the PA form, and provide all relevant data for each part of our criteria.

If there is no specific field for the data on the PA form, please use the "Additional information pertinent to this request" field, or attach additional records. Incomplete forms or forms that do not address all parts of the criteria may result in a denial. ■

eviCore and Fallon's Prior Authorization Utilization Management Program

Who is eviCore?

eviCore healthcare is a radiology medical management company that administers Fallon Health's Prior Authorization Utilization Management Program for all outpatient MR (formerly known as MRI), CT, nuclear cardiac and PET imaging studies for most Fallon members.

Why is Fallon using eviCore?

To help control rising costs and avoid unnecessary tests.

What services require prior authorization?

Prior authorization is needed for:

MRs, CT scans, PET scans, and Nuclear Medicine Cardiology tests for outpatients, unless ordered as part of a medical emergency evaluation.

What services do not require prior authorization?

- Any radiology test done for a medical emergency including MRs, CT scans, PET scans, and Nuclear Medicine Cardiology tests
- Any radiology tests for patients during an inpatient hospitalization
- Outpatient radiology services except non-emergency MRs, CT scans, PET scans, and Nuclear Medicine Cardiology tests ■

Quality focus

Care for Asthma and COPD

As you know, health plans must provide data to the National Committee for Quality Assurance (NCQA) on select metrics that consider the effectiveness of health care that our members receive. This month, we are featuring two metrics related to respiratory health.

Asthma medication ratio and medication management for people with Asthma: This measure monitors patients who are 5 to 64 years of age with a history of Asthma. Specifically, it monitors whether the patient has been prescribed both rescue and controller medications. The goal of this measure is to optimize the use of controller medications, thereby reducing the dependence on rescue drugs.

Use of spirometry testing in the assessment and diagnosis of COPD: This measure monitors patients who are 40 to 64 years of age, with a new diagnosis of COPD or newly active COPD, who received spirometry testing to confirm diagnosis. Specifically, it monitors whether the patient had spirometry testing the two years prior to diagnosis through six months after the initial diagnosis.

For additional information, please access our Asthma and COPD [guidelines](#).

To assist you in managing your patients with Asthma and COPD, Fallon Health is pleased to offer disease management programs designed to educate and support these conditions. For more information, please contact Carla DeSantis, Program Support Coordinator, at 1-800-868-5200, ext. 69898, Monday through Friday from 8:30 a.m. to 5:00 p.m. ■

Clinical Practice Guideline update

Our Clinical Practice Guidelines are available [here](#).

For a paper copy, please contact Robin Byrne at 1-508-368-9103.

Fallon's Clinical Quality Improvement Committee endorsed and approved the following evidence based Clinical Practice Guidelines:

- Massachusetts Health Quality Partners 2018 Pediatric and Adult Preventive Care Guidelines
- Massachusetts Health Quality Partners 2018 Perinatal Care Guidelines
- CDC Recommended Immunization Schedule for Adults Aged 19 Years or Older, United States, 2018
- CDC Recommended Immunization Schedule for Children and Adolescents Aged 18 Years or Younger, United States, 2018 ■



Fallon proud to participate in MassHealth's ACO program

On March 1, Fallon's three Accountable Care Organization (ACO) Partnership Plans became effective:

- Berkshire Fallon Health Collaborative (BFHC)
- Fallon 365 Care
- Wellforce Care Plan

ACO partnership plans are groups of primary care providers (PCPs) that work with just one managed care organization—in this case, Fallon—to create full networks that include PCPs, specialists, behavioral health providers, and hospitals. The ACO primary care practices bring together care team of providers and assign care coordinators or clinical care managers to oversee patient care. Some things to keep in mind about ACO plans:

- Members of an ACO must live within the ACO service area, and must choose a PCP within the ACO.
- PCPs who choose to be a part of an ACO cannot accept patients that are not members of that ACO.
- Specialists can participate in multiple ACOs, MCOs and the PCC plan.

Effective March 1, approximately 1.2 million existing MassHealth members were assigned to either an ACO, an MCO or the PCC plan. These members received a letter from the state in December telling them where they were being assigned, and are currently in their Plan Selection Period through May 31. From now until then, they can switch plans, but starting June 1, there are only limited circumstances that will allow them to make a change.

If you have any MassHealth patients, it is important for you to understand what this change means for you. Please review our [continuity of care policy](#) on our website, as well as the EOHHS guidance around continuity of care.

Contact information for your patients:

For questions about Berkshire Fallon Health Collaborative

Your patients can call Fallon Health at 1-855-203-4660 (TRS 711)
8 a.m. to 6 p.m., Monday–Friday, or visit fallonhealth.org/Berkshires.

For questions about Fallon 365 Care

Your patients can call Fallon Health at 1-855-508-3390 (TRS 711)
8 a.m. to 6 p.m., Monday–Friday, or visit fallonhealth.org/365care.

For questions about Wellforce Care Plan

Your patients can call Fallon Health at 1-855-508-4715 (TRS 711)
8 a.m. to 6 p.m., Monday–Friday, or visit fallonhealth.org/wellforce.

For questions about MassHealth

Your patients can call MassHealth at 1-800-841-2900 (TTY: 1-800-497-4648)
8 a.m. to 5 p.m., Monday–Friday, or visit masshealthchoices.com. ■

Coding updates

Effective June 1, 2018, the code below *will require prior authorization*:

Code	Description
0402T	Collagen cross-linking of cornea (including removal of the corneal epithelium and intraoperative pachymetry when performed)

Effective June 1, 2018, the following code will be set up as *not a covered benefit for all lines of business*:

Code	Description
97127	Therapeutic interventions that focus on cognitive function (e.g., attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (e.g., managing time or schedules, initiating, organizing and sequencing tasks), direct (one-on-one) patient contact

The CMS preferred code to use is G0515 Development of cognitive skills to improve attention, memory, problem solving (includes compensatory training), direct (one-on-one) patient contact, each 15 minutes.

Effective July 1, 2018, the following codes *will be added to both the Fallon Health Auxiliary fee schedule*:

Code	Description	Rate
96110	Developmental Screen	\$9.73
D9222	Deep sedation/general anesthesia-first 15 minutes	\$58.00
D9239	Intravenous moderate (conscious) sedation/analgesia-first 15 minutes	\$50.00

Effective January 1, 2018, the following codes are *not a covered benefit for all lines of business*:

Code	Description
D0411	HbA1c-in office point of service testing
D7296	Corticotomy-one to three teeth or tooth spaces, per quadrant
D7297	Corticotomy-four or more teeth or tooth spaces, per quadrant
D7979	Non-Surgical sialolithotomy
D8695	Removal of fixed orthodontic appliances for reasons other than completion of treatment

Effective January 1, 2018, the following codes are *not a covered benefit for all lines of business except for Navicare*: (For Navicare, these codes will be set up as *covered and will not require plan prior authorization*.)

Code	Description
D6096	Remove broken implant retaining screw
D6118	Implant/abutment supported interim fixed denture for edentulous arch-mandibular
D6119	Implant/abutment supported interim fixed denture for edentulous arch-maxillary

For Commercial plans, member incontinence supplies are considered a non-covered benefit. **Effective April 1, 2018**, Fallon will update the configuration of the below codes to *deny as member liable*:

Code	Description
T4521	Adult sized disposable incontinence product, brief/diaper, small, each
T4522	Adult sized disposable incontinence product, brief/diaper, medium, each
T4523	Adult sized disposable incontinence product, brief/diaper, large, each
T4524	Adult sized disposable incontinence product, brief/diaper, extra large, each
T4525	Adult sized disposable incontinence product, protective underwear/pull-on, small size, each
T4526	Adult sized disposable incontinence product, protective underwear/pull-on, medium size, each
T4527	Adult sized disposable incontinence product, protective underwear/pull-on, large size, each
T4528	Adult sized disposable incontinence product, protective underwear/pull-on, extra large size, each
T4529	Pediatric sized disposable incontinence product, brief/diaper, small/medium size, each
T4530	Pediatric sized disposable incontinence product, brief/diaper, large size, each
T4531	Pediatric sized disposable incontinence product, protective underwear/pull-on, small/medium size, each
T4532	Pediatric sized disposable incontinence product, protective underwear/pull-on, large size, each
T4533	Youth sized disposable incontinence product, brief/diaper, each
T4534	Youth sized disposable incontinence product, protective underwear/pull-on, each
T4535	Disposable liner/shield/guard/pad/undergarment, for incontinence, each
T4536	Incontinence product, protective underwear/pull-on, reusable, any size, each
T4537	Incontinence product, protective underpad, reusable, bed size, each
T4538	Diaper service, reusable diaper, each diaper

Code	Description
T4539	Incontinence product, diaper/brief, reusable, any size, each
T4540	Incontinence product, protective underpad, reusable, chair size, each
T4541	Incontinence product, disposable underpad, large, each
T4542	Incontinence product, disposable underpad, small size, each
T4543	Adult sized disposable incontinence product, protective brief/diaper, above extra large, each
T4544	Adult sized disposable incontinence product, protective underwear/pull-on, above extra large, each

JW Modifier (Drug amount discarded/not administered to any patient)

Per CMS guidelines, use the JW modifier for claims with unused drugs or biologicals from single use vials or single use packages that are appropriately discharged, and document the discarded drug or biological in the patients' medical record when submitting claims.

When submitting a claim with the JW modifier, make sure you are including the discarded drug and the used drug on the same line. Example: A single use vial that is labeled to contain 100 units of a drug has 95 units administered to the patient and 5 units discarded. The 95 unit dose is billed on one line, while the discarded 5 units shall be billed on another line by using the JW modifier. ■

Payment policy updates

Revised policies – effective June 1, 2018

The following policies have been updated. Details about the changes are indicated on the policies.

- **Cardiology Services** – Removed mobile cardiac telemetry exclusion
- **Durable Medical Equipment** – Updated place of service section
- **Evaluation and Management** – Added language to reimbursement section regarding Medicare Wellness Exams
- **Fraud, Waste, and Abuse** – Added clarifying language to the policy and definition section
- **Home Health** – Clarified Policy section regarding MassHealth based plans and homebound requirements.
- **Incontinence Products (Navicare only)** – Removed formulary, updated reimbursement section
- **Modifier** – Updated AS Modifier reimbursement
- **Non-Covered Services** – Updated coding
- **Observations** – Updated authorization section
- **Outpatient Drugs** – Clarified JW modifier billing requirements
- **Seriously Reportable Events** – Updated National Quality Forum's (NQF) SREs
- **Telemedicine** – Removed GT modifier requirement ■

Annual Review

The following policies were reviewed as part of our annual review process, and no significant changes were made:

- ***Ambulatory Surgery*** (Professional)
- ***Anesthesia***
- ***Autism Services***
- ***Claims Auditing Software***
- ***Coding Analysis***
- ***Code Review***
- ***Inpatient Medical Review***
- ***MassHealth Provider Preventable Conditions***
- ***Neonatal Intensive Care***
- ***Physical and Occupational Therapy*** ■

New Policy – Effective June 1, 2018

- ***Early Intervention*** ■

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

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