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Important information for Fallon Health physicians and providers

November 2016

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● Doing business with us

Primary Care Provider Model of Care Training

Many of our NaviCare members, your patients, have complex medical and psychosocial needs. Sixty seven percent are nursing home eligible living in the community, and 10 to 15 percent are living in long-term care facilities. As such, their medical care is best managed with teamwork.



The NaviCare Model of Care relies heavily on the **primary care provider's (PCP)** medical expertise and knowledge of the patient. PCPs receive our member care plans and are welcome to provide input. PCPs are responsible for:

- medical evaluations and treatment plans
- authorizing medications
- diagnostic testing
- therapies
- services
- equipment
- guiding members and their families in setting and reaching patient-centered goals

Navigators organize benefits and services for your patients, advocating for them so they receive the care they need. In addition, they:

- help patients make medical appointments
- arrange transportation (covered by NaviCare) when needed
- make home visits, in collaboration with team nurse case managers, to check on the well-being of members
- work with primary care provider offices to facilitate authorizations for services
- help accomplish clinical initiatives (outreach for immunizations or filling gaps in care)
- are the first contact for members and providers to help solve problems as they arise, activating the rest of the team as needed

Long-term care navigators facilitate communication and teamwork for members who live in long-term care facilities.

Nurse case managers complete assessments of member clinical needs, making sure that communication and care transitions occur as smoothly as possible. They also:

- reach out to members regularly and when transitions of care or other changes occur
- educate members and their caregivers about medical conditions and medications
- make sure that clinical needs are met and the right services are provided

Geriatric support service coordinators (GSSC) are employed by community elder services agencies. The GSSCs:

- evaluate the need for and coordinate home support services, helping members remain at home
- collaborate with navigators and nurse case managers when community services like homemakers, home health aides, meals on wheels or other services are needed

Behavioral health case managers help assess members' emotional and psychological needs. They:

- help facilitate access to behavioral health services for members
- enhance communication between behavioral health providers and the other members of the NaviCare team

Teamwork makes the NaviCare Model of Care successful by improving communication and eliminating barriers to care. The multidisciplinary **Primary Care Team** develops care plans to provide the right services at the right time to help members maintain their independence with the highest level of function in the least restrictive setting. ■

New Pharmacy Standard Prior Authorization Form (and other forms approved by the Division of Insurance)

The Massachusetts Division of Insurance has finalized the [Massachusetts Standard Form for Medication Prior Authorization Request](#). The new PA form is applicable to Commercial members only. We will be updating our Provider Pharmacy web page to include the new form.

Since this is a standard form that will be used by all Massachusetts providers and accepted by all Massachusetts plans, it is important to understand what information is required on the form. Each health plan still maintains distinct criteria that must be met. If all necessary information is not included on the form, the request will be denied. Please review the [criteria](#) posted on our website, and ensure that each part of the criteria has been addressed.

The Division of Insurance has also approved the following forms:

- [Cardiac Imaging Prior Authorization Form](#)
- [PET – PET CT Prior Authorization Form](#)
- [CT/CTA/MRI/MRA Prior Authorization Form](#)
- [Behavioral Health – Level of Care Request Form](#)
- [Repetitive Transcranial Magnetic Stimulation Request Form](#)
- [Psychological and Neuropsychological Assessment Supplemental Form](#) ■

Web browser upgrade for secure tools

Fallon's IT Security Team is enhancing the security on our external websites to guard against hacking and malicious attacks. Starting on November 1, 2016, website visitors will be required to use an up-to-date version of a web browser to access secure areas of the Fallon Health and Fallon Health Weinberg websites.

This means that after November 1, 2016, users who access secure portions of our website (which includes provider tools) must use an up-to-date web browser. Users who try to access secure areas of the website using unsupported “old” versions of web browsers will be “locked out” and will receive an error message.

Secure areas of the website that will require an updated browser are:

- [Eligibility verification tool](#)
- [Claims metric report](#)
- [Secure file transfer tool](#)
- [Secure online enrollment tool](#)
- [PCP panel report](#)
- [Referral monitoring report](#)

The following are the minimum versions that you can use to access the secure areas of our websites:

- Internet Explorer (IE) – Version 11 or higher
- Chrome – Version 40 or higher
- Firefox – Version 35 or higher
- Safari – Version 9 or higher
- Microsoft Edge – Version 12 or higher

You can check your current browser version in a couple of ways:

- Visit <http://whatbrowser.org>. This is a website that can automatically detect which web browser and which version you are using.
- Go to your web browser’s “Help” menu and choose “About.”

Downloading an up-to-date browser version is easy and free. Visit <http://whatbrowser.org> to download the most up-to-date versions of Internet Explorer (IE), Chrome, Firefox, Safari, Opera and Edge. ■

New England Healthcare Exchange Network

We are excited to announce that Fallon Health is now live through The New England Healthcare Exchange Network (NEHEN)! We are on the Run Better platform in order to utilize the Trizetto Provider Service portal.

Available transactions are 270 and 271, and 837 is available for providers on the Run Better Platform.

The 276/277 transactions are in development. We'll announce dates and availability at a later date.

We are also part of the NEHEN Self-Pay Payer.

For additional information, please visit www.nehen.com or email: NEHEN@MAeHC.org

835s:

- Trizetto Provider Solutions is the Trizetto Portal connected with NEHEN processing of files.
- If providers would like to receive their 835 from Trizetto Provider Solutions via Payspan, they will need to contact Payspan and change their "835 Routed To" option to "Trizetto Provider Solutions". ■

New tool to update your practice information

In order for Fallon Health to be compliant with regulatory requirements, changes to your practice information must be communicated to us as soon as possible. We want your patients to have access to the most current information in the *Provider Directory* hard copy and on our website's electronic provider directory via the "Find a doctor" tool.

We have a new tool on our website for you to update your practice information. It's easy – just go to the [Find a doctor](#) page, check out your information, then fill out the online form on the [Update your practice information](#) page. Updates will be made within 30 days.

It's important to notify us of any changes to your contact or panel information. These would include, but not be limited to:

- your ability to accept new patients
- street address
- phone number
- specialty
- hospital affiliations
- panel status
- languages spoken by you or your staff
- any other change that impacts your availability to patients ■

DME capped rental period update

Durable medical equipment (DME) is defined as an item for external use that can withstand repeated use, is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury, and is appropriate for use in a member's home.

Fallon Health reimburses approved providers for durable medical equipment (DME) when medically necessary. In general, the Medicare capped rental fee schedule is used to determine whether an item will be rented or purchased.

Effective January 1, 2017: For rented items, Fallon Health will pay a provider the contractual allowable amount for the rental of the item, up to a maximum of ten months. After ten months, the member owns the equipment, and reimbursement is limited to costs associated with replacement parts, repair and labor.

Rental of DME is appropriate when the prescribing provider specifies that the item is medically necessary for a limited duration of time. Claims for DME rental must be for the time period the equipment is actually used by the member, but not exceed the maximum allowed rental period for the equipment.

The rental period for oxygen systems and equipment for Medicare Plan members is capped at 36 months. Medicare guidelines relating to reimbursement for oxygen will be followed after the cap is reached.

New Oral Nutritional Supplements form

Nutritional supplements can provide nutritional support for those who can't adequately meet their nutritional needs with regular food. NaviCare will cover the cost of nutritional supplements for your patients who have a medical need for them.

Our criteria for coverage include:

- those who are underweight with body mass index of 18.5 or less
- those who have had significant involuntary weight loss of 10 percent of body weight in the past three to six months
- those whose nutritional requirements cannot be met through the intake of regular food

The causes of inadequate intake of food to meet requirements are often multifactorial and require a thoughtful clinical evaluation taking medical, psychological and social factors into account.

Nutritional supplements are not for everyone. Adding extra calories to the diet of those who are already overweight or taking in enough calories can have a negative effect on overall health, contributing to obesity, metabolic syndrome and related problems. Nutritional supplements are not a good substitute for a balanced diet for those who can eat regular food.

Primary care providers play an important role in assessing nutritional status and addressing the range of causes that can contribute to poor nutrition. After assessing the problem, using our new, simplified prescription order form and your medical judgment, you can prescribe nutritional supplements for those who truly need them.

Effective immediately, you may begin to use the new NaviCare HMO SNP and SCO [Oral Nutritional Supplements form](#) to order oral nutritional supplements products.

Your roll includes the following steps:

- evaluate your patient's need for oral nutritional supplements
- answer the three questions in Section 3a of the form to determine if criteria is met
- completely answer all of Section 3b
- sign the form (Section 4)
- fax or give the completed form to the Navigator

Please contact your Provider Representative if you have any questions. ■

Quality focus

Prostate cancer screening recommendations

Prostate cancer screening with a prostate specific antigen (PSA) test is not recommended by the U.S. Preventive Services Task Force (USPSTF). The task force has determined that the PSA test has greater likelihood of causing harm than doing good. How is this possible? Let's take a few steps back to explain the recommendation.

The USPSTF is an independent group of national experts in prevention and evidence-based medicine. They work to improve the health of all Americans by making evidence-based recommendations about clinical preventive services like screening tests or counseling that can be applied to people who have no signs or symptoms of disease. They do this by carefully reviewing all of the scientific studies available about a specific topic and developing a draft statement which they publish to get public comment. The comments are then considered and a final recommendation is made.

Screening test or counseling interventions that are studied are given a letter grade:

Grade	Recommendation
A	Recommended service. There is high certainty that the net benefit is substantial.
B	Recommended service. There is high certainty that the net benefit is moderate or moderate certainty that the net benefit is substantial.
C	Recommend selectively offering or providing the service to individual patients based on professional judgment and patient preferences. There is at least moderate certainty that the net benefit is small.
D	Not recommended. There is moderate or high certainty that the service has no net benefit or that the harms outweigh the benefits.
I	Insufficient evidence either lacking or conflicting to make a recommendation.

While prostate cancer is the second most common cancer in men next to skin cancer, detecting it early with the PSA test does not reduce overall mortality in screened versus unscreened populations of men.

The USPSTF has given PSA testing a **D recommendation** and determined that detecting prostate cancer early with PSA testing has a greater potential to cause harm than benefit. The USPSTF analysis concludes that 0–1 in 1000 screened men may benefit by living longer as a result of the screening and curative treatment. This estimate is based on the results of large studies of screened and unscreened men in both the United States and Europe.

The harms estimated by the USPSTF include:

1. False positive results, causing unnecessary follow-up tests and procedures, such as biopsies.
2. Biopsies can cause fever, infection, bleeding, urinary problems and pain.
3. Most men who learn they have prostate cancer through the PSA test will get treatment through surgery, radiation or hormone therapy. Many of these men do not need treatment because their cancer would not have grown or caused any health problems.
4. The USPSTF found the treatment of prostate cancer can have lasting harmful effects:
 - Erectile dysfunction from surgery, radiation or hormone therapy
 - Urinary incontinence from radiation therapy or surgery
 - Problems with bowel control from radiation therapy
 - Death and serious complications from surgery

The USPSTF doesn't change its recommendation for men who are in groups at higher risk, including those with a history of prostate cancer in their father or brother, or African American men.

There is extensive information about the current prostate cancer screening [recommendation](#), including how the recommendation was developed, and where the evidence shaping the originated on the USPSTF website.

Given what we know about prostate cancer screening, the American Cancer Society doesn't recommend PSA testing routinely. But it does recommend that men make individual decisions about prostate cancer screening based on consideration of potential benefits and harms and their own situation, including differing recommendations for those at higher risk. ■

Screening for osteoporosis

Fallon screenings for osteoporosis in older women are ongoing. Our Health Promotions Department conducts bone mineral density (BMD) screenings on our female Medicare (Fallon Senior Plan™) members and our NaviCare® enrollees who are age 67-85 and who have had a bone fracture within the past six months.

A BMD screening can indicate the level of bone thinning and risk for osteoporosis. It is a quick, painless procedure using the heel of the foot. The member/enrollee gets immediate results, along with education on osteoporosis and its risk factors. Participants are encouraged to review a copy of the results with their PCP.

This is a free and voluntary program. The population we are screening is selected based on claims data. However, we also welcome your referrals. Call Karen Gagliastre in Health Promotions at 1-508-368-9786. ■

Alternative to EpiPen®

By now, you have all heard about the substantially increased cost of EpiPen® auto-injectors. Patients typically don't have a choice but to pay high copays when they fill a prescription for EpiPen® at the pharmacy. But, did you know there is an alternative?

Epinephrine auto-injector two-packs are available at a cost of around \$250, versus over \$600 for the EpiPen® brand. Similar to EpiPen®, these auto-injectors are available in 0.15mg and 0.3mg. Since this drug is not substitutable by law, prescriptions must be written for epinephrine. Remember to tell your patients to notify the pharmacy if they would like generic, otherwise it might be substituted with EpiPen®. ■

Postpartum visits

The American College of Obstetrics and Gynecology recommends that women see their OB/GYN for a standard postpartum care visit four to six weeks after delivery. Fewer than half of postpartum women attend the recommended postpartum checkup. There are many factors that contribute to this high number, such as lack of child care and lack of transportation.

Women with complications during pregnancy, such as high blood pressure or gestational diabetes, should also be referred to their primary care provider for follow up. Please reinforce the importance of the postpartum visit throughout the antepartum care period and after delivery to ensure that these women make and keep postpartum appointments. Early detection of physical or emotional postpartum health issues with the mother and baby may lead to improved quality of care.

Fallon Health provides a \$20 CVS gift card to Commercial and MassHealth members who have a postpartum visit between 21 and 56 days following delivery.

Fallon Health offers the “Oh Baby!” program, a health and wellness program available at no additional cost to eligible members who are either expecting or adopting a child. Eligible participants will receive prenatal vitamins, convertible toddler car seat, breast pump, home safety kit, temporal thermometer, discounts on childbirth classes and birth announcements, plus a few little extras—all at no additional cost! Visit fallonhealth.org/ohbaby. ■

Managing depression in the primary care setting

Primary care providers are increasingly the first line of identification for behavioral health issues, especially for depression. Approximately half of psychiatric patients and half of primary care patients prematurely discontinue antidepressant therapy, and are thus found to be nonadherent when assessed six months after the initiation of treatment.

The high rate of antidepressant nonadherence underscores how important it is for providers to carefully explore patient concerns about these medications and to follow up closely while they are on treatment.

Seeing the patient briefly after two weeks to check on side effects or other difficulties is an opportunity for troubleshooting and encouragement. When the first follow up is further out, some patients may simply stop the medicine and then wait for the appointment to discuss side effects. The consequences of untreated or inadequately treated depression are significant. Therefore, adherence to medication is very important to quality care. For more information, visit Beacon Health Options [here](#). ■

Beacon offers support and consultation

Beacon Health Options (formally Beacon Health Strategies) has its PCP Behavioral Health Consultation Service available to all Fallon Health contracted primary care providers, including pediatricians, family practitioners and nurse practitioners caring for Fallon members.

The consultation service gives Fallon-affiliated PCPs access to one of Beacon's board-certified psychiatrists for routine requests during business hours. This is not an urgent service. If a psychiatrist is not readily available to take the call, then the call will be returned within two business days.

If you are prescribing psychiatric medications to a Fallon member and have questions about available medications and dosing, or are considering a medication change, you can call Beacon directly at 1-877-249-6659. ■

High-risk medications

The 2015 Beers Criteria Update provides recommendations for medications that are potentially inappropriate for use in older adults. It is important to recognize potentially inappropriate medications, understand the rationale for the risk, and determine if alternative medications may be a better option.

There are, however, circumstances when these medications are medically appropriate. The Beers Criteria should be used, in conjunction with physician expertise, as a tool to help improve patient care. As with all prescribing, professional clinical judgment is required.

We have provided some of the more common high-risk medications that frequently appear as outliers on CMS reports. Beers criteria recommends that the use of these agents be avoided in older patients. Please consider prescribing alternates or discontinuing high-risk medications when medically appropriate.

Sulfonylureas (glyburide or chlorpropamide):

Chlorpropamide has a prolonged half-life in older adults and can cause prolonged hypoglycemia and SIADH. Glyburide is hepatically metabolized to active metabolites that are renally excreted and has a higher risk of severe prolonged hypoglycemia in older adults.

In contrast, glipizide is metabolized to inactive metabolites. The risk of serious hypoglycemia in the elderly was shown to be nearly two-fold greater with glyburide than glipizide. The retrospective analysis involved 8,576 person-years of exposure to glyburide or glipizide in Medicaid enrollees aged 65 years or older. The Veterans Health Administration has switched patients from glyburide to glipizide. Their recommended dose conversion is 1.26mg–1.55mg of glipizide for each 1mg of glyburide. Some covered alternatives that may be an appropriate and safer option include glipizide or glimepiride.

Skeletal muscle relaxants (carisoprodol, chlorzoxazone, cyclobenzaprine, metaxalone, methocarbamol, orphenadrine):

Studies have shown these medications to have questionable efficacy and considerable risk. These agents produce significant anticholinergic adverse effects and are poorly tolerated by older adults. Anticholinergic medications are associated with fatigue, functional decline, loss of independence, falls, fractures, incontinence, constipation, urinary retention, and delirium in older adults. If, after careful consideration of potential risks and benefits, these medications are prescribed, lower doses are usually better tolerated. Some covered alternatives that may be appropriate and safer options include baclofen or tizanidine.

Tricyclic antidepressants (amitriptyline, clomipramine, doxepin >6mg/day, imipramine, trimipramine, amoxapine, desipramine, nortriptyline, protriptyline):

These agents produce significant anticholinergic adverse effects, are sedating, and cause orthostatic hypotension. Anticholinergic medications are associated with fatigue, functional decline, loss of independence, falls, fractures, incontinence, constipation, urinary retention, and delirium in older adults. The safety profile of low-dose doxepin (less than or equal to 6mg/day) is comparable with that of a placebo. If, after careful consideration of potential risks and benefits, these medications are prescribed, lower doses are often better tolerated. Some alternatives include: for depression—SSRI (except paroxetine), SNRI, bupropion; for neuropathic pain—SNRI, gabapentin, capsaicin topical, pregabalin, lidocaine patch.

Meprobamate and hydroxyzine:

Meprobamate has a high rate of physical dependence, is very sedating and should be avoided. Alternatives for meprobamate for anxiety include: buspirone, SSRI or SNRI.

Hydroxyzine is highly anticholinergic, clearance is reduced with advanced age, and tolerance develops when used as a hypnotic. There is risk of confusion, dry mouth, constipation, and other anticholinergic effects or toxicity. Alternatives for hydroxyzine include: intranasal normal saline, second-generation antihistamine (e.g., cetirizine, fexofenadine, loratadine) and intranasal steroid (e.g., fluticasone). Alternatives for hydroxyzine for anxiety include: buspirone, SSRI or SNRI.

Non-benzodiazepine hypnotics (eszopiclone, zolpidem, zaleplon):

Benzodiazepine-receptor agonists cause adverse events similar to those of benzodiazepines in older adults: delirium, falls, fractures, increased emergency room visits/hospitalizations, motor vehicle crashes, and minimal improvement in sleep latency and duration. They should be avoided.

Note: not all of these may be covered for all plans. Please consult the formulary [here](#). ■

Product spotlight

Community Care expands network

Fallon Health has expanded its Community Care limited network in central Massachusetts to include parts of Middlesex County. Community Care was designed specifically to be offered as a ConnectorCare plan for the subsidized individual market in Massachusetts, and is sold on the Massachusetts Health Connector.

Some important things to note about Community Care:

- The Community Care network consists of Reliant Medical Group—including Southboro Medical Group, Harrington HealthCare System PCPs and specialists, Saint Vincent Medical Group and select PCPs and specialists affiliated with the MetroWest HealthCare Alliance.
- Hospitals include Saint Vincent Hospital, Harrington Hospital, HealthAlliance Hospital(s), Clinton Hospital, Marlborough Hospital, MetroWest Medical Center(s) and Milford Hospital. Other affiliated specialists include HealthAlliance and UMass Memorial, and tertiary hospital services to be provided by UMass Memorial hospitals.
- Members of Community Care must choose a PCP from the Community Care network and must receive PCP referrals for specialty care within the Community Care network of providers.
- For all office and facility-based services identified in the *Community Care Provider Manual*, the PCP or specialist must obtain prior plan authorization, and the facility must provide notification to Fallon.
- \$0 annual wellness visits are included with this plan.
- With a prior authorization from the plan, members may receive medically necessary services that are not available at a Community Care facility from UMass Memorial for tertiary care.
- There is no Peace of Mind Program™ benefit with this plan. ■

Coding corner

Coding updates

Effective January 1, 2017, the codes below will require prior authorization.

Code	Description
31660	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 1 lobe
31661	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 2 or more lobes ■

Medicare MS-DRG annual update

The Medicare MS-DRG V34 fee schedule of weights is effective October 1, 2016.

For a link of new and invalid [MS-DRG codes](#), effective for dates of service on or after October 1, 2016, visit [cms.gov](#). Please reference table 5. ■

● Payment policy updates

New policies – effective January 1, 2017:

- *Acute Inpatient Rehabilitation*
- *Long-Term Acute Care (LTAC)* ■

Revised policies – effective January 1, 2017:

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

- *DME* – Updated policy section
- *Skilled Nursing Facility* – Updated reimbursement section
- *Telemedicine* – Updated policy section ■

Annual review

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

- *Registered Nurse First Assistant*
- *Sleep Management Services*
- *Team Conferences and Telephone Services*
- *Timely Filing*
- *Transplant*
- *Unlisted Procedures and Services*
- *Vision Services*
- *Well Baby/Well Child Care Visits* ■

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

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