CONNECTION

Important information for Fallon Health Weinberg physicians and providers

May 2017

In this issue

What's new

Fallon Health celebrates 40 years of making communities healthy

Fallon Health celebrates its 40th anniversary this year as it continues the health care innovation that has been the hallmark of its history. Founded in 1977 as a local community health plan with one location in Worcester, Massachusetts, Fallon is now a nationally recognized not-for-profit health care services organization with 10 locations throughout Massachusetts and an expanding presence in Erie and Niagara counties in New York.

fallonhealth weinberg

Fallon's very creation was an innovation supported by forward-thinking providers. Health care leaders wanted to bring together all components of the health care system so that we could work together to provide high-quality care at an affordable cost. The result was Fallon Community Health Plan, a provider-payer partnership launched by Fallon Clinic, which is now Reliant Medical Group—a Massachusetts-based provider of medical care. Fallon became an independent health care organization in 2004 (and shortened its name to Fallon Health in 2014), expanding its system of integrated care by partnering with a wider range of providers.

Fallon has been a leader in the health insurance industry throughout its existence:

- In 1980, Fallon became the first HMO in the country to offer a Medicare plan.
- In 1995, Fallon became the first health plan in the country to offer a Program for All-Inclusive Care for the Elderly (PACE). Since then, our PACE program has grown significantly and is now one of the largest in the country.
- In 2002, Fallon was the first plan in Massachusetts to offer a limited network, which provides affordable care by emphasizing the use of high-quality, community-based providers.
- In 2014, Fallon expanded to western New York through a joint venture with the Weinberg Campus. Initially offering a Managed Long-Term Care Plan, Fallon Health Weinberg soon expanded coverage options to meet the needs of the community by providing coverage through a Medicare Advantage Special Needs Plan (SNP) and a PACE program.
- Before risk-sharing between providers and health plans became a mainstream practice, Fallon was making innovative risk-sharing arrangements with hospitals.
- Fallon was the first—and still the only—health plan in Massachusetts that is both an insurer and a provider.

"We're grateful to the provider community for being an integral part of our heritage and our future," said Richard Burke, President and CEO of Fallon Health, who is in his 19th year at Fallon. "Because Fallon has valued and invested in provider partnerships throughout the years, we've been able to offer products and services to care for people of all ages, income levels and health statuses. We look forward to our continued collaboration with providers to deliver great care at an affordable cost to the communities we serve." ■

Quality focus

Care coordinators—health care champions

Staying healthy can be complicated.

Annual physicals and screenings, eye exams, transportation to doctors' visits, getting help at home, accessing nutritious meals and exercise—are all health care benefits designed to keep your patients healthy. They can also seem overwhelming if your patients are managing a chronic condition, such as diabetes, for themselves or a frail parent.

Keeping track of appointments with doctors and specialists, sifting through and interpreting information, understanding costs, and continuous communication to make sure everyone and everything works together effectively can become a full-time job and more than one person can handle.

All of this has given rise to a new job in health care—care coordinators. They have become an indispensable resource helping those trying to manage a chronic condition, or care for a frail loved one.

Based on our experience caring for vulnerable populations, Fallon Health recognizes the value of integrated, coordinated care, and we have been a leader in introducing care coordinators to the health care equation. Over the past decade, we've made strategic investments in this kind of care, and care coordinators now represent nearly 10 percent of our workforce in Massachusetts, up from zero in 2005. And nearly 17 percent of the Fallon Health Weinberg workforce is comprised of care coordinators.

And that percentage is climbing all the time.

What do care coordinators do?

The care coordinator's list of responsibilities is broad, but can be boiled down to one goal: being the champion of your patient's health.

The care coordinator first works with your patient to create a plan, which becomes the blueprint for the patient's care. The care coordinator uses the plan to identify and provide the resources necessary for your patient to stay healthy.

The care coordinator also acts as a liaison between your patient and a network of providers. Working closely with your patient, the care coordinator helps identify any changes in health and recommends action before a small concern becomes a potentially serious health risk.

Recognizing that no detail is too small when dealing with someone's health, the care coordinator makes sure nothing falls through the cracks—talking to doctors and other clinicians, booking follow-up appointments, coordinating services and answering questions.

The use of care coordinators has been shown to keep people out of the hospital. In one study, Fallon Health found that its members who were discharged from a local hospital to a skilled nursing facility (SNF), reduced their average length of stay from 15 days to 8 days with the support of a Fallon care coordination program.

The care coordinator's job does not stop at clinical care. A study conducted by the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute determined that 80 percent of health outcomes are related to behavioral, emotional, financial, educational and other non-clinical issues.

Care coordinators attend to individuals in an array of circumstances—from a 28-year-old man needing help to quit smoking to an 88-year-old woman coping with a complicated medication regimen to a healthy 68-year-old man simply looking for a ride to a routine physical.

Care coordinators come in all kinds of stripes at Fallon, such as Navigators and Care Managers, but they all have one thing in common: they provide personal care tailored to your patients.

Care coordinators are taking the *complicated out of health care*. ■

Pulse surveys—coming soon

Thank you to all of you who have sent in your feedback through our surveys, provider reps and other means. We appreciate it, and we want it more often. To help capture your thoughts and ideas, we will begin to post "pulse" surveys on our provider portal. The surveys will be short and easy.

Sample questions:

How are we doing with our communications?

Do you know our provider relations team?

We will announce the surveys in the "News and announcements" section of our website. Watch for them beginning in June. ■

Product spotlight

Fallon Health Weinberg-HMO SNP Model of Care

When someone enrolls in Fallon Health Weinberg-HMO SNP, he or she is matched with a team of experts, called a Care Team. The Care Team is dedicated to helping members meet their health goals. A care plan is developed by the team, based on the needs and health records of each member. The Care Team reviews this plan together regularly to make any adjustments based on how the member is responding to the treatment and services.

By having a shared record of the member's complete and up-to-date health information and by meeting and deciding treatment plans regularly, the Care Team is able to make the best decisions about continued and preventative care.

Here is what the Care Team looks like:

Navigator

- Organizes benefits and services
- Advocates for members so they receive the care they need
- Helps members schedule medical appointments and arranges transportation, as needed

Care Manager

- Assesses clinical needs
- Educates members about conditions and medications
- Helps members get the care they need, where and when they need it

Social Worker

- Evaluates services and resources for member's health needs, including behavioral health
- Counsels about benefits and resources available in the community
- Assists members in maintaining Medicare and Medicaid benefits

Primary Care Provider

- Directs member's care and provides routine services
- Refers members to specialists
- Orders prescriptions and supplies

Behavioral Health Clinician *(as needed)*

- Assesses member's emotional and psychological needs
- Facilitates short-term counseling
  - Works with behavioral health provider to coordinate services
  - Understands behavioral health medications

Clinical Pharmacist

- Provides drug information and consults with other Care Team members
- Educates about drugs and usage
- Identifies and communicates potential adverse reactions and gaps in medication therapy ■

Doing business with us

Pharmacy prior authorization requests

Dave Sartini, Manager of Pharmacy Operations and Clinical Programs

In order for prior authorization (PA) requests to be processed efficiently, the requests must be submitted via the appropriate fax line. The type of benefit determines the fax line.

We have two general types of Pharmacy PAs for medications:

- **Pharmacy Benefit**—Medications the patient will self-administer. Pharmacy Benefits are usually oral and topical medications, but also include some injectable medications that the patient self-administers (i.e., insulins, Humira, etc.).
- **Medical Benefit**—Medications that are professionally administered. Medical Benefits are usually medications that require IM or IV administration (i.e., Botox, Euflexxa, etc.). It also includes diabetic supplies for MEDICARE members only.

Our website separates criteria and PA forms into two tabs based on these two general types of PAs. If you are uncertain as to which type of PA the medication falls under, please use the website to locate the drug. The tab under which the drug is listed will determine the type of PA and where to fax it.

Some drugs may be listed on both tabs (i.e., Epoetin), as they may be self-administered or professionally administered. Some drugs may not be listed. In both of these cases, fax to the number that corresponds to how it is being administered. Please only use the PA forms that are posted on our website. Please discard all old PA forms that you may have in your office.

It is of the utmost importance to fax PA requests to the correct fax number so that they may be processed most efficiently. PA requests that are sent to the incorrect fax location delay processing and patient access to medication, as well as potentially result in a denial. Inappropriate denials then need to follow the Appeals process, further delaying patient access.

- **Pharmacy Benefit PAs** are faxed to CVS Caremark at 1-855-633-7673.
- **Medical Benefit PAs** are faxed to 1-716-810-1909. Only Medical Benefit PAs are to be faxed to this number.

If you are uncertain where to fax a PA request, please consult our website or call Pharmacy Services at 1-855-827-2003, option 5. ■

Please keep your practice information current

Changes happen in your practice, and 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.

Please use the tool on our website to update your practice information. It's quick and easy. Just go to the "*Update your practice information*" page. Please be sure to hit the submit button at the bottom. Updates will be made within 30 days if there are no questions in the information you have provided.

Examples of changes that can be made include:

- Your ability to accept new patients
- Street address
- Phone number
- Specialty
- Hospital affiliations
- Languages spoken by you or your staff
- Any other change that impacts your availability to patients

Updates to Provider Tools

We've updated the Eligibility Verification tool to improve how it looks on your mobile device. Future enhancements will be coming. ■

DEX™ Tool (formerly McKesson)

Notification was sent in August 2016 announcing Fallon's introduction of the DEX™ Diagnostics Exchange (formerly McKesson) to register genetic and molecular diagnostics tests for laboratories. The process was effective October 1, 2016. Any provider who bills for genetic testing must register in DEX. This process allows Fallon to better identify and evaluate tests for appropriate coverage and payment.

Please note: If a servicing laboratory is new to DEX, registration is required at *app.mckessondex.com/login*. Once you register your organization, within a weeks' time, you will receive an email with a username and temporary password, plus instructions outlining how to use the tool and how you can add tests to the tool. Test types submitted will be assigned a unique Z-Code identifier.

Please note: Existing Diagnostics Exchange laboratories need to validate their participation with Fallon. This can be done by navigating to the My Organization – Payer Options tab. Highlight "Fallon Health" and select the "Add" button. Once this is done, continue to submit new tests for Z-Code identifiers.

Z-Codes must be included on all electronic claim submissions beginning April 5, 2017. If you are not the performing lab, and send out molecular diagnostic testing to a reference lab, you may "Request Sharing" from that lab to see the test details and view the Z-Codes. Here is how you may Request Sharing:

- Login to the DEX Diagnostics Exchange.
- Select "Labs & Manufacturers".
- Search for any of your reference labs.
- Click on that lab name link OR
- Select the "+" sign to expand a parent organization's individual facilities, and find the facility to which you physically send the specimen for processing.
- Select the "Request Sharing" button at the top right corner.
- Once the reference lab "accepts" your sharing request, you will have access to all of the Z-Codes for the testing they perform and you bill.

If you have any questions, please contact Christine Canton in Provider Relations at *Christine.Canton@fallonhealth.org* or 1-866-275-3247, Option 4. ■

Coding corner

Code updates

Effective July 1, 2017, the following codes *will be added to the Auxiliary Fee schedule.*

The fee schedule amount for these items will not be increased, but will always pay the 100% rate. Providers are no longer required to submit an invoice for Intrauterine Devices (IUDs).

Code	Description	Rate
J7300	Intrauterine copper contraceptive	702.05
J7301	Levonorgestrel-releasing intrauterine contraceptive system (skyla), 13.5 mg	650.32
J7307	Etonogestrel (contraceptive) implant system, including implant and supplies	771.52
J7298	Levonorgestrel-releasing intrauterine contraceptive system (mirena), 52 mg	729.46
J7297	Levonorgestrel-releasing intrauterine contraceptive system (liletta), 52 mg	487.50

Effective July 1, 2017, the following codes *will be removed from the Auxiliary Fee Schedules:*

Code	Description	Reason
99339	Individual physician supervision of a patient (patient not present) in home, domiciliary or rest home (e.g., assisted living facility) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (e.g., legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes	Not separately reimbursed as of 5/1/16.
99058	Office services provided on an emergency basis.	Not separately reimbursed as of 5/1/16.
90471	Immunization administration (percutaneous, intradermal, subcutaneous, intramuscular and jet injections); one vaccine	Has a Medicare rate as of 1/1/17.

Code	Description	Reason
90472	Immunization administration (percutaneous, intradermal, subcutaneous, intramuscular and jet injections); each additional vaccine	Has a Medicare rate as of 1/1/17.
90473	Immunization administration by intranasal or oral route; one vaccine	Has a Medicare rate as of 1/1/17.
90474	Immunization administration by intranasal or oral route; each additional vaccine.	Has a Medicare rate as of 1/1/17.

Effective February 1, 2017, the following codes *will be covered with plan prior authorization:*

Code	Description
0001U	Red blood cell antigen typing, DNA, human erythrocyte antigen gene analysis of 35 antigens from 11 blood groups, utilizing whole blood, common RBC alleles reported
0002U	Oncology (colorectal), quantitative assessment of three urine metabolites (ascorbic acid, succinic acid and carnitine) by liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring acquisition, algorithm reported as likelihood of adenomatous polyps
0003U	Oncology (ovarian) biochemical assays of five proteins (apolipoprotein A-1, CA, 125 II, follicle stimulating hormone, human epididymis protein 4 transferrin), utilizing serum algorithm reported as a likelihood score

Effective April 1, 2017, the following codes *will require plan prior authorization:*

Code	Description
C9484	Injection, eteplirsen
C9485	Injection, olaratumab
C9487	Ustebinumab IV inj, 1mg

Effective September 1, 2017, the following code *will be covered and will require plan prior authorization:*

Code	Description
91035	Esophagus, gastroesophageal reflux test; with mucosal attached telemetry pH electrode placement, recording, analysis and interpretation ■

Payment Policy Updates

New policy – effective July 1, 2017:

- ***Retroactive Authorization Requests*** ■

Revised policies – effective July 1, 2017:

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

- ***Aging Service Access Points (ASAP)*** – Updated prior authorization section.
- ***Durable Medical Equipment*** – Added requirements for power mobility device reimbursement.
- ***Non-Covered Services*** – Updated the code report.
- ***Speech Therapy*** – Updated authorization requirements and added GN modifier. ■

Annual Review

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

- ***Dermatology***
- ***Diabetes Self-Management Education/Training***
- ***Emergency Department***
- ***Global Surgical***
- ***Hospital Acquired Conditions***
- ***Preventive Services***
- ***Ventricular Assist Devices*** ■

Retiring the following policy:

- ***Special Services, Procedures and Reports*** ■

Visit our *Payment policies page* for all current and revised policies.

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

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fallonweinberg.org/providers

Questions?

1-855-827-2003

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