CONNECTION

Important information for Fallon Health Weinberg physicians and providers

January, 2017

In this issue

What's new

A message from Courtney Fasolino, Executive Director of Fallon Health Weinberg

Happy New Year! As we turn the calendar to a new year, we often reflect on the accomplishments and challenges of the previous year. And while it's important to look at the past, I look forward to 2017 with new goals, new opportunities and new relationships in mind.

fallonhealth weinberg

You have always been a priority for us, and in 2017, we want to work to make our relationships even stronger. That's why we will be available for you to answer billing questions, provide education on our products, review polices and answer any specific questions you may have.

At Fallon Health Weinberg, we are always looking for benefits that will keep our members healthy and happy. This year we've added some new benefits for our Fallon Health Weinberg-HMO SNP members–Teladoc™ and the Save Now card. With Teladoc, members can access physicians by phone, video or mobile device for non-emergent issues. And, because we want our members to stay healthy, we're offering a Save Now card pre-loaded with money that they can use to purchase every day, health-related items such as aspirin and cold and allergy medications.

I'm looking forward to this new year with a sense of optimism and energy. And I hope you are, too.

Best wishes,

Courtney Fasolino ■

Teladoc™: The modern day house call

Effective January 1, 2017, Fallon Health Weinberg-HMO SNP will offer telemedicine visits with physicians through an agreement exclusively with Teladoc. Teladoc is the first and largest provider of telehealth medical consultations in the United States. Visits take place by phone, video within a secure member portal, or mobile app.

These visits, which have no time limits, are used to diagnose, treat and prescribe short-term medications* for common health issues such as sinus problems, bronchitis, allergies, cold and flu symptoms, respiratory infection or ear infection. The doctors provide adult general medical care. We believe telemedicine has an important role for uncomplicated common medical conditions at the fraction of the cost of an emergency room visit and at half the cost of urgent care.

Teladoc providers are U.S. board-certified in internal medicine, family practice, emergency medicine and pediatrics. They are U.S. residents and are licensed in New York, with an average of 20 years of practice experience. Teladoc does not replace the primary care physician, but it is a convenient option for care when our members cannot get in touch with their doctor, are feeling sick while on vacation, on a business trip or away from home, or are considering a visit to the emergency room or urgent care for a non-emergent issue.

Your patients who access Teladoc may show the consult information to you. Your patients have access to their electronic medical records and can download them or call Teladoc to have them mailed or faxed.

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

** Teladoc doctors will not prescribe substances controlled by the U.S. Drug Enforcement Administration, non-therapeutic or certain other drugs which may be harmful because of their potential for abuse.* ■

New benefit for Fallon Health Weinberg-HMO SNP members

Fallon Health Weinberg has added a key supplemental benefit for our Fallon Health Weinberg-HMO SNP members.

We will be providing our members with the "Save Now" over-the-counter card, which will allow them to spend up to $42 per quarter on qualified over-the-counter items, such as oral care and pain relief items, in popular retail establishments such as Rite Aid and CVS.

The Save Now cards will be mailed to members beginning this month and will include information about what can be purchased and where they can shop.

For additional details, please contact your Provider Relations Representative. ■

Compliance

Nondiscrimination requirements from Affordable Care Act should be in place

For providers who receive Federal financial assistance from the Department of Health and Human Services (HHS), there are requirements from Section 1557 of the Affordable Care Act that should now be in place in your offices and on your websites. Section 1557 is a rule that prohibits discrimination based on race, color, national origin, sex, disability and age by any health care program or activity that receives Federal funding from HHS. (Examples of Federal funding are Medicaid, Medicare Parts A, C and D, grants and credits, such as meaningful use payments.)

The requirements were to be completed by October 16, 2016. They include, but are not limited to:

- Post printed nondiscrimination notices in visible locations, such as a waiting room.
- Add a link to the notice on your website's homepage.
- Provide free and timely interpretation and translation services.
- For practices with 15 or more employees, assign a compliance coordinator and establish grievance procedures.

Below are websites you may reference if you have any questions.

- *lexology.com*
- *rezlegal.com*
- *aoanow.org*

Notification procedures for outpatients receiving observation services

The Medicare Outpatient Observation Notice (MOON) is a standardized notice that informs patients that they are an outpatient receiving observation services and are not an inpatient of a hospital or critical access hospital (CAH).

The MOON is mandated by the Federal Notice of Observation Treatment and Implication for Care Eligibility Act (NOTICE Act), passed on August 6, 2015. The NOTICE Act requires all hospitals and CAHs to provide written and oral notification under specified guidelines.

- Hospitals and CAHs are required to furnish the MOON to a patient who is insured with Medicare and has been receiving observation services as an outpatient for more than 24 hours. The patient must receive the notice before 36 hours has elapsed, but the hospital doesn't have to provide the notice until the member has been in observation for 24 hours. Once the patient has been in observation for 24 hours, there is a 12-hour timeframe to get the notice out to the patient to be in compliance.
- An oral explanation of the MOON must be provided, ideally in conjunction with the delivery of the notice. Additionally, a signature must be obtained from the individual, or a person acting on such individual's behalf, to acknowledge receipt. In cases where the individual refuses to sign the MOON, the staff member of the hospital or CAH providing the notice must sign the notice to certify that notification was presented.

For additional information, visit *cms.gov*.

Balance billing for dual-eligible enrollees

All Medicare Advantage Organizations (MAO) are required to educate providers about balance billing protections regarding dual-eligible enrollees.

- "Dual-eligible enrollees" are individuals who are enrolled in both Medicare and Medicaid. **The law bars Medicare providers from collecting Medicare Part A and Part B deductibles, coinsurance or copayments from anyone enrolled in a Qualified Medicare Beneficiaries (QMB) program.**
- QMB is a Medicaid program for Medicare beneficiaries which exempts them from Medicare cost-sharing charges.

- These deductible, coinsurance and copayment charges are called "balance billing."
- This law applies to all Medicare and Medicare Advantage providers, not only those who accept Medicaid.
- Providers may not charge QMB individuals even if the benefit comes from a different state than the state in which the services are rendered.

All Medicare and Medicaid payments you receive for providing services to a QMB beneficiary, including those received from a MAO, are considered payment in full. You will be subject to sanctions if you bill a QMB beneficiary for amounts above the sum total of all Medicare and Medicaid payments—even if Medicaid pays nothing.

For more information, visit *cms.gov*.

Doing business with us

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 *Find a doctor* page, check out your information, then fill out the online form on the new *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.

Changes to the following can be made via the tool or through the *Standardized Provider Information Change Form*:

- 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

Reminder: Claims submissions address

Fallon Health Weinberg has a Post Office Box for all paper claim submissions, adjustments and appeals.

The P.O. Box is:

Fallon Health Weinberg
P.O. Box 211308
Eagan, MN 55121-2908

When shipping paper claims that are not deliverable to a P.O. Box, (via FedEx/overnight/air, etc.), please send to the following street address:

Fallon Health Weinberg Claims
Smart Data Solutions*
2401 Pilot Knob Road, Suite 140
Mendota Heights, MN 55120

** Smart Data Solutions (SDS) is Fallon Health Weinberg's vendor for paper claims. SDS keys the claims into an electronic claims file (HIPAA 837) for processing at Fallon Health Weinberg.* ■

Reminder for Home Health Providers

Please remember, effective October 1, 2013, Medicare billing guidelines were updated discontinuing Type of Bill (TOB) 033X for outpatient services. Please use TOB 032X for home health episodes. The 032X Type of Bill was redefined to mean "Home Health Services under a Plan of Treatment."

Fallon Health Weinberg follows Medicare guidelines. Please refer to *cms.gov* for more information. ■

Quality focus

Medication monitoring

Medication monitoring for your patients who are prescribed certain common medications can help identify toxicity and prevent complications. Monitoring plans may vary depending on the age and condition of the patient, and more frequent monitoring may be necessary. The Centers for Medicare and Medicaid Services (CMS) recommends the following:

Medication or class of medications	Laboratory tests
Digoxin	Basic metabolic panel and a serum digoxin level every six months.
Diuretics	Basic metabolic panel within the first month of therapy, then every six months.
Angiotensin converting enzyme (ACE) inhibitors and angiotensin receptor blockers (ARB)	Serum potassium, creatinine and BUN within the first month of therapy, then every six months. ■

Coding corner

Code updates

Effective March 1, 2017, the following code *will no longer be separately reimbursed:*

Code	Description
S0265	Genetic counseling, under physician supervision, each 15 minutes

Effective March 1, 2017, the following pharmacy code *will require plan prior authorization:*

Code	Description
J9310	Injection, rituximab, 100 mg

Effective October 1, 2016, the following pharmacy codes *are covered and require plan prior authorization:*

Code	Description
C9481	Injection, reslizumab, 1 mg
C9483	Injection, atezolizumab, 10 mg ■

New ICD-10-CM and ICD-10 PCS codes effective 10/1/2016

CMS has released the new ICD 10-CM and ICD 10-PCS codes effective 10/1/16. Please visit the CMS website to review the new codes.

2017 ICD-10-CM and GEMs:
https://www.cms.gov/Medicare/Coding/ICD10/2017-ICD-10-CM-and-GEMs.html

Click on 2017 Addendum (zip.1mb)

2017 ICD-10 PCs and GEMs:
https://www.cms.gov/Medicare/Coding/ICD10/2017-ICD-10-PCS-and-GEMs.html

Click on 2017 ICD-10-PCS Addendum (zip.766kb) ■

New 2017 CPT/HCPCS codes

All new codes will require prior authorization until a final review is performed by Fallon Health Weinberg. Fallon Health Weinberg will review and assign the appropriate coverage and determine prior authorization requirements for all new codes by January 1, 2017. Fallon Health Weinberg will notify all contracted providers of this determination via the March issue of the *Connection* newsletter and on the Fallon Health Weinberg website. ■

Payment Policy Updates

Revised policies – effective March 1, 2017:

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

- ***Claims Auditing Software*** – Updated the reimbursement section.
- ***Clinical Trials*** – Added CED and IDE A study information.
- ***Coding Analysis*** – Updated policy title.
- ***Fraud, Waste, and Abuse*** – Updated policy title and policy section.
- ***Home Health Care*** – Updated the billing/coding guidelines.
- ***Laboratory and Pathology*** – Updated reimbursement section.
- ***Obstetrics/Gynecology*** – Updated the billing/coding guidelines.
- ***Outpatient Drugs*** – Updated the prior authorization requirements section.
- ***Provider Audit*** – Updated the policy section. ■

Annual review

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

- ***Hearing Aids and Exam***
- ***Serious Reportable Events*** ■

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

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Questions?

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