CONNECTION

Important information for Fallon Health Weinberg physicians and providers

November 2016

In this issue

Doing business with us

Primary Care Provider Model of Care Training

Many of our Fallon Health Weinberg-HMO SNP members, your patients, have complex medical and psychosocial needs. Ninety percent living in the community are nursing home eligible, and ten to fifteen percent are living in long-term care facilities. As such, their medical care is best managed with teamwork.

The Fallon Health Weinberg-HMO SNP 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.

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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.

The **Fallon Health Weinberg-HMO SNP Care Team** supports the PCP and the patient. Members of the Care Team include:

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 Fallon Health Weinberg-HMO SNP) when needed;
- make home visits, in collaboration with team care managers, to check on the well-being of members;
- work collaboratively with primary care provider offices to facilitate authorizations for services;
- help accomplish clinical initiatives, like 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.

Care 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 at regular intervals 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.

Behavioral health clinicians help assess members' emotional and psychological needs. They also:

- help facilitate access to behavioral health services for members;
- enhance communication between behavioral health providers and the other members of the Fallon Health Weinberg-HMO SNP team.

Teamwork makes the Fallon Health Weinberg-HMO SNP Model of Care successful by improving communication and eliminating barriers to care. The multidisciplinary 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. ■

Web browser upgrade for secure tools

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

This means that beginning November 1, 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 tool to update your practice information

In order for Fallon Health Weinberg 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 Weinberg reimburses approved providers for 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 Weinberg 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. ■

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 tests 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 1,000 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, which can cause fever, infection, bleeding, urinary problems and pain.
3. Unnecessary treatment. 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. Lasting harmful effects from the treatment of prostate cancer, such as:
    - 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. ■

Alternative to EpiPen®

By now, you have all heard about the lofty 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 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®. ■

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 Weinberg contracted primary care providers, including family practitioners and nurse practitioners caring for Fallon Health Weinberg members.

The consultation service gives Fallon Health Weinberg-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 Health Weinberg 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 Veterans Health Administration has switched patients from glyburide to glipizide based on a retrospective analysis involved 8,576 person-years of exposure to glyburide or glipizide in Medicaid enrollees age 65 years or older. 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 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. Please consult the formulary *here*. ■

Coding corner

ICD-10 reminders

Medicare regulations state that all claims with dates of service of October 1, 2015 or later must be submitted with a valid ICD-10 code; ICD-9 codes will no longer be accepted for these dates of service.

ICD-10-CM is composed of codes with 3, 4, 5, 6 or 7 characters. Codes with three characters are included in ICD-10-CM as the heading of a category of codes that may be further subdivided by the use of fourth, fifth, sixth or seventh characters to provide greater specificity.

A three-character code is to be used only if it is not further subdivided, keeping in mind that diagnosis coding to the correct level of specificity is the goal for all claims.

More information about ICD-10 implementation can be found on our website. You can also contact your provider relations representative at 1-855-827-2003 or at *AskFHW@fallonweinberg.org*. ■

Coding updates

Effective January 1, 2017, the below codes 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 policies update

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 on the policies.

- ***Durable medical equipment*** – 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***
- ***Team conferences and telephone services***
- ***Timely filing***
- ***Transplant***
- ***Unlisted procedures and services*** ■

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

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