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# Doing Business with Fallon Health Weinberg

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## PROVIDER RELATIONS

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Provider Relations is responsible for distributing information to the physicians/providers on an ongoing basis to update them on Fallon Health Weinberg (FHW) policies, procedures, benefits and other pertinent issues.

The FHW Provider Relations staff is the main line of communication between the physician/provider and FHW. The Provider Relations representative conducts the physician/provider orientations and general meetings, as needed.

Physicians/providers are encouraged to contact Provider Relations with questions, concerns or issues. Call the Provider Service Line at 1-855-827-2003, Prompt 1 Monday through Friday, 8:00 a.m. to 5:00 p.m. and you will have options to the following areas:

### **Claims**

### **Eligibility & Benefits**

#### **Care Services Department**

- Discharge planning
- Hospital admissions
- Referral/preauthorization's
- Utilization review

#### **Provider Relations Department**

- Complaints/compliments
- Close/reopen practice
- Orientation to FHW policy and procedure
- Policies and procedures
- Provider appeals
- Re-education
- Removing member from physician/provider panel

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## PROVIDER RELATIONS

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Provider Relations assists in resolving problems or complaints. This includes any problems that the physician/provider feels are not satisfactorily resolved by the responsible FHW department, as well as concerns on any other topic. Provider Relations will research and resolve the complaints and notify the physician/provider of the resolution. If you wish to speak to a FHW Provider Relations Representative or schedule an office visit with an FHW Provider Relations Representative, please call 1-855-827-2003.

Any issues that the physician/provider feels are not satisfactorily resolved by Provider Relations should be directed to the Director of Provider Relations.

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## PROVIDER TOOLS

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Fallon Health Weinberg (FHW) providers can check eligibility and run claims metric reports through the FHW Provider Portal if the provider has submitted a request for access to these tools. Please see registration requirements below.

Our Web-based tools give you access to member eligibility information as well as the ability to run a valuable claims metric report and perform secure file transfers to and from FHW.

To register, please download the registration from the FHW provider portal.

### **Verify eligibility**

- Verify that your patients are eligible for the date of service
- Verify copayments, deductibles and products
- Reduce claim denials for eligibility reasons
- Improve office efficiency by reducing time on the phone checking member eligibility

### **Claims metric report**

- Review claim status
- Measure FHW's performance regarding turnaround time and rejection rates.
- Review detailed reasons for rejected claims
- Review reports online or download to your computer
- Measure FHW's performance regarding turnaround time and rejection rates

### **PCP panel report**

- View members on your PCP panel
- See additions and deletions to your panel
- Review reports online or download to your computer

### **PCP referral monitoring reports**

- Enables PCP to view specialists rendering services to their patients

### **Secure file transfers**

- Register today to become a trading partner with FHW.
- Receive confirmation that your files have been received and are ready to be retrieved.
- Personal health information is treated confidentially on our secure site.

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## CHANGING PROVIDER INFORMATION POLICY

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### Changing Provider Information Policy

All changes to provider enrollment **must be** made on a prospective basis. It is highly recommended that you use the [Provider Update Form](#).

#### **Provider Information Changes**

30 days prior written notice is required.

If less than 30 days' notice is provided, the effective date will be 30 days after receipt of notice.

- Name change
- Tax identification # change (W-9 required)
- Practice address addition or change
- Billing address change (W-9 required)
- Panel status change (except change to concierge medicine see below)

#### **Individual Provider Termination from FHW**

Contractual termination and or Letter of Agreement provisions prevail.

180 days prior written notice is required. If less than 180 days' notice is provided, the effective date will be 180days after receipt of the notice.

#### **Notification Details:**

Please send completed Provider Update Form via:

Mail

Attn: Provider Relations  
10 Chestnut Street  
Worcester, MA 01608

Please call 855-827-2003 Or Fax: 716-810-1903

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## CLOSING/REOPENING PANELS OR PRACTICES TO FHW MEMBERS

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A primary care provider (PCP) or an ob/gyn provider agrees to give the plan 30 days written notice of intent to no longer accept new or additional plan members as patients. The PCP or ob/gyn provider may only decline plan members as new or additional patients if the plan provider declines all new or additional patients regardless of their insurer. The PCP or ob/gyn provider can reopen his or her panel/practice upon advance written notice to the plan. FHW (FHW) members who have signed the enrollment application prior to or within 30 days of the panel/practice closing will be allowed to choose that provider. A PCP or ob/gyn provider cannot close his/her panel/practice to existing patients transferring to FHW insurance.

**Procedure:**

1. The PCP or ob/gyn sends written notice to the FHW Provider Relations Department, stating the date the practice is to be closed / reopened to all members and the reason for the change in status.
2. FHW revises the marketing literature to show the change in the provider's status. A symbol following the physician's name in our FHW provider directories will indicate a closed panel/practice.
3. FHW redirects provider selection for any member choosing a provider with a closed panel/practice and gives assistance to members in provider selection.

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## REMOVING A FHW MEMBER FROM PROVIDER PANEL

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### **Policy:**

A personal physician (PCP) may find it necessary at some time to end his/her relationship with a patient who is a Fallon Health Weinberg (FHW) member and would like the member removed from his/her panel. This may be due to member noncompliance, disruptive behavior, non-payment of co-payments or other fees (when applicable) or inability to manage the member's care. In such a case, the physician should carefully terminate the relationship with the member and request that FHW reassign the member to another primary care physician.

### **Procedure:**

1. The physician/risk management representative calls the Provider Relations Manager to discuss the problem and come to an agreement to transfer the member if necessary.
2. If appropriate, the physician discusses the situation with the member stating that he/she will no longer provide care for the member and explaining the reasons for the decision.
3. The physician thoroughly documents the situation and the member conversation in the office records.
4. The physician sends a letter by certified mail to the member summarizing the previous discussion stating that the physician will provide care for a reasonable interval until a new personal physician is selected and advising that the physician will send copies of the medical records to the new primary care physician upon request.
5. If the member becomes a resident in a long term care facility at which the physician does not render services and the member is not physically able to come to the physician's office for office visits, or is otherwise unable to travel to the physician's office, the physician sends a letter by certified mail to the member, notifying the member that the physician-patient relationship will be ending.
6. The physician sends a copy of the above letter to the Provider Relations Department within 2 business days of the date the letter was sent to the member.
7. The Provider Relations Department initiates the procedure for the member to select a new primary care physician. This process is completed within 30 days.
8. FHW sends a letter to the member confirming the new primary care physician selection.
9. FHW sends a copy of the member letter to the former primary care physician.



### **Quality and Health Services Department**

The Quality and Health Services Department supports the FHW Performance Improvement programs.

*Functions:*

1. Conducts medical record reviews for all member complaints related to medical treatment received by the Member Relations Department and the tracking and trending of the outcomes of these peer review proceedings.
2. Monitors routinely sentinel events resulting from outpatient care and major adverse events from inpatient care, referred by clinicians, case managers, and other appropriate staff.
3. Maintains confidential record keeping of case reviews related to complaints and adverse events ensures follow up to cases reviewed by the Peer Review Committee and documents corrective actions.
4. Submits peer reviewed quality information to the Credentialing Department for individual practitioner's review during the re-credentialing process.
5. Performs data collection for contractual reporting for the various product lines, such as Medicare and Medicaid agency requirements.
6. Responsible for reporting requirements, including the audit for the measurement system, interpretation of the technical specifications and the accuracy of information submitted to external agencies and public reporting.
7. Supports the Performance Improvement program by coordinating the Quality Design Teams and committees, assisting with minute taking, documentation, data collection and analyses, and trending of information.
8. Responsible for the implementation of the annual work plan and the completion of tasks assigned to the department.
9. Coordinates the requirements for employer requests related to quality management.
10. Champions the organizations' compliance to external accrediting agencies and federal and state regulations.
11. Responsible for supporting the organization's initiatives related to quality improvements and patient safety by collecting and analyzing data, implementing interventions, and ensuring follow up and re-measurement of the process.

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## QUALITY MANAGEMENT

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12. Develop organization-wide policies and procedures related to Quality and Health Services.
13. Monitor delegated entities for quality management, credentialing, utilization management and member rights and responsibilities.
14. Work collaboratively with the Disease Care Services Programs to improve the care delivered to members with chronic illness.

### **Continuity of clinical services**

To ensure continuity and coordination of care, FHW assists in coordinating the care of members who must discontinue services with their current practitioner because of a change in status of the practitioner or provider contract, for reasons not related to quality of care or fraud. All services must be covered services as defined in the member's Evidence of Coverage. Members must be given timely notification of provider changes.

The following applies to all provider terminations, either voluntary or involuntary, with the exception of those related to quality of care or provider fraud.

### **Termination of FHW Primary Care Provider (PCP)**

A member who has selected a PCP shall have access to the discontinued PCP for thirty (30) calendar days after the termination date of the PCP.

### **Terminally Ill Member**

A member with a terminal illness\* shall be given the option to continue treatment with the discontinued practitioner who is treating the member for an ongoing illness until the member's death.

*\*defined as an illness which is likely, within a reasonable degree of medical certainty, to cause one's death within six months, or as otherwise defined in section 1861 (dd) (3) (A) of the Social Security Act (42 USC 1395X(dd)(3)(A))*

### **New Member**

A new member shall be given the option to continue with a non- FHW provider if:

1. The member's employer only offers the member a choice of carriers in which said provider is not a participating provider; and

The new member may continue coverage with the provider for:

1. Up to thirty (30) calendar days for a PCP; or
23. Through the first post-partum visit for a pregnant member in her second or third trimester; or
4. Until the member's death for a member with a terminal illness.

### **Member Notification**

All affected members shall be notified in writing by the FHW Enrollment Department within 30 calendar days prior to a provider's contract termination date. In the case of discontinued PCPs, affected members are defined as members who have designated the discontinued PCP as their primary care provider. In the case of discontinued specialty physicians,

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## CONTINUITY OF CLINICAL SERVICES

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utilization data will be used to identify those members who had seen the discontinued specialist for specialty services during the preceding 24 months.

In the case of a terminated hospital, the member shall be sent notice at least 60 calendar days before the contract termination. This 60 day requirement does not apply in the following circumstances: a hospital that has left FHW's provider network without giving the full 60-day notice; a hospital whose contract FHW has terminated because of emergent reasons such as a suspension or revocation of the hospital's license; certificate or legal credential; the indictment or conviction of the hospital or an agent thereof for a felony or for any criminal charge related to the rendering of health care or medical services; cancellation or termination of the professional liability insurance required by the agreement with the provider without replacement coverage being obtained.

Notification to affected members shall include information regarding assistance in choosing another contracted practitioner and referral to the FHW website for a list of contracted practitioners in the member's geographic area. The member may also call FHW's Customer Service Department for assistance in selecting a new PCP.

### **Coverage Conditions**

In all of the above listed circumstances, continuity of clinical services will only be authorized if the provider agrees to all of the following:

1. to accept reimbursement at the rate applicable prior to the contract termination as payment in full;
2. to not impose cost sharing with respect to the member in an amount that would exceed the cost sharing according to the terms of the contract;
3. to adhere to FHW's quality improvement standards and to provide FHW with necessary medical information related to the care provided; and
4. to adhere to FHW's policies and procedures, including procedures regarding referral, obtaining prior authorization and providing treatment pursuant to a treatment plan, if any.

If a discontinued PCP, who is in the notification period prior to contract termination, determines that a member needs a specialty visit, the specialty referral will be processed in accordance with usual preauthorization procedures. FHW's Health Care Services Department will work with the discontinued practitioner and member to ensure that the member is directed to an appropriate, contracted specialist to receive care and to insure that communication is established between the specialist and the member's new PCP.

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## CONTINUITY OF CLINICAL SERVICES

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FHW reserves the right to approve treatment by a non-contracted provider when it is determined that the patient's clinical condition may be compromised if such treatment is not offered.

### **Clinical Practice Guidelines**

Clinical Practice Guidelines are systematically developed statements designed to assist in decision making about appropriate healthcare for specific clinical conditions. The FHW (FHW) uses guidelines to ensure high quality, cost effective care for selected medical problems. Therefore, the Clinical Practice Guidelines developed and used at FHW have the following attributes.

The guidelines

1. The guidelines can be developed internally or externally (by groups such as the American Psychiatric Association).
2. The guidelines used by FHW are created by a panel from within the system that includes representatives of the key groups likely to be affected by the guidelines.
3. The guidelines give specific, unambiguous recommendations for care.
4. The guidelines are developed for clinical conditions where significant variations in practice can be demonstrated.
5. The guidelines are developed for high volume clinical conditions which therefore warrant the time and expense of the guideline project.
6. The guidelines are living documents which are updated periodically to reflect changes in medical knowledge.
7. The guidelines are developed in areas where monitoring use of the guideline is feasible.
8. The guidelines serve as the clinical basis for the disease management programs.

The number of guidelines developed, reviewed and monitored is limited. Topics are selected by the guidelines committee after screening for suitability based on factors mentioned above.

Guidelines are developed to improve the quality of care delivered and the process of care delivered. They are meant to educate and inform physicians in the same way as a textbook or journal article. The recommendations suggest how to treat the “average” patient with a particular problem. However, for most illnesses, 80-90% of patients are treated approximately the same and it is to those situations that guidelines are directed.

FHW endorsed guidelines are available at [www.Fallonweinberg.org](http://www.Fallonweinberg.org)

### **Patient safety**

FHW monitors and enhances patient safety as an organizational priority, with particular focus on the following mechanisms:

1. *Clinical Peer Review*, with multiple identified sources for case reviews, and with comprehensive policies and procedures for the evaluation of possible errors of commission and omission. Corrective action plans address practitioner-specific components as well as system issues identified through peer review meetings.
2. *Outpatient Adverse Drug Events*, with proactive case finding, utilizing voluntary reporting as well as sentinel events, and with direct linkage to the peer review process for serious preventable events.
3. *Pharmaceutical Patient Safety* in collaboration with the Pharmaceutical Benefits Manager with procedures in place for point of dispensing communications to identify and classify by severity drug-drug interactions.
4. *Inpatient Care*, monitored through sentinel event reporting from case managers, as well as by regular reports submitted by contracted facilities to FHW , including Leapfrog standards compliance.
5. *Screening of new drugs and technologies*, through the FHW 's Pharmacy & Therapeutics Committee and Technology Assessment Committee, with input from national guidelines and research consortia.

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**HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996  
PHYSICIAN AND PROVIDER COMPLIANCE FOR ELECTRONIC DATA TRANSMISSIONS**

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FHW is required to document HIPAA regulations to ensure physicians and providers are aware of and follow FHW's policies and procedures for electronic transactions.

Physician and providers will be subject to provisions of the rules promulgated under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). These rules include the Standards for Privacy of Individually Identifiable Health Information, the Standards for Electronic Transactions, the proposed Security and Electronic Signature Transactions, the pro-posed National Standard Health Care Provider Identifier and National Standard Employer Identifier and any other rules promulgated under HIPAA.

Physicians and providers will conform each electronic transaction submitted to FHW to the X12 Implementation Guide Specifications Addendum applicable to the transaction, and to the applicable FHW Companion Guide. FHW may modify the Companion Guide at any time without amendment to this Provider Manual. Only the last-issued X12 Implementation Guide Specifications Addendum of each type will be effective as of the date specified in the X12 Implementation Guide Specifications Addendum. FHW will reject any transaction that does not conform to the applicable Specifications Addendum, as adopted under HIPAA, and the FHW Companion Guide.

Physicians and providers will cooperate with FHW in such testing of the transmission and processing systems used by both parties in connection with FHW as FHW deems appropriate to ensure the accuracy, timeliness, completeness and security of each data transmission.

Physicians and providers warrant their authority to disclose to FHW the data contained in each submission and will provide evidence of that authority to FHW upon request. Physicians and providers are solely responsible for the preservation, privacy and security of data in its possession, including data in transmissions received from FHW and other persons.

Physicians and Providers agree:

- Not to copy, disclose, publish, distribute, or alter any data, data transmissions, or the control structure applied to transmissions, or use them for any purpose other than the purposes for which was specifically given access and authorization by FHW, or in any manner except as necessary to comply with the terms of the above information.



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**HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996  
PHYSICIAN AND PROVIDER COMPLIANCE FOR ELECTRONIC DATA TRANSMISSIONS**

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- Not to obtain access to any data, transmission, or FHW's systems by any means or for any purpose other than as FHW has expressly authorized.
- If a physician or provider receives data not intended for their viewing, the physician or provider will immediately notify FHW to arrange for its return or retransmission as FHW directs. After such return or re-transmission, the physician or provider will immediately delete all copies of such data remaining in its possession

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## NOTIFICATION OF PHYSICIAN TERMINATION

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FHW assists in coordinating the care of members who must discontinue services with their current physician/provider when a notice of nonrenewal or termination is issued.

FHW will notify all affected members in writing within 30 days of receipt of provider's notice of nonrenewal or termination and within 30 days of the plan's issuing such a notice.

To ensure timely notification to members, FHW requires all primary care providers, specialists, specialty and primary care groups to provide **180 days** written notice to FHW prior to their notice of nonrenewal or termination. This requirement also will include **all** physicians/providers contracted through a group or provider organization.

All physician/provider notifications of notice of nonrenewal and/or terminations may be sent to the following address:

Fallon Health Weinberg  
10 Chestnut St.  
Worcester, MA 01608  
Attn: Provider Relations Department