

Connection

May 2013

Important information for Fallon Community Health Plan physicians and providers

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PaySpan Health will give you the option to either receive payments electronically direct to a bank account or by traditional paper check if you prefer.

We are anticipating implementation in the third quarter of 2013. Please stay tuned for more information. ■

Product spotlight

Peace of Mind Program now exclusive to FCHP Direct Care

FCHP has been offering the Peace of Mind Program™ to many of our members since 1994. This program has allowed them to access select Boston hospitals for a second opinion and treatment for specialty services.

Since then, we have grown our networks and expanded into the Boston area. As a result, our Peace of Mind Program now will be available only to our members who use the FCHP Direct Care network. They have guaranteed access to Brigham and Women's Hospital, Children's Hospital, Dana-Farber Cancer Institute, Massachusetts General Hospital and Beth Israel Deaconess Medical Center as long as they meet program eligibility criteria.

Members must have seen an FCHP in-plan specialist in the same discipline as the Peace of Mind Program physician within the past three months for the same condition. Care is only covered for specialty services as described in the member's *Evidence of Coverage*.

If you have any questions about the Peace of Mind Program, please consult with our Provider Relations Department for further details. Call your Provider Relations Representative at 1-866-ASK-FCHP (1-866-275-3247). ■

What's new

EFT is coming to FCHP!

Fallon Community Health Plan (FCHP) is partnering with PaySpan® Health to deliver Electronic Funds Transfers (EFTs), Electronic Remittance Advices (ERAs), and much more. Free to FCHP providers, these tools will enable you to access online remittance/vouchers and process straightforward reconciliation of payments. You'll be better able to reduce costs and speed secondary billings—and reducing paper usage will help the environment, too!



Doing business with FCHP

New CVS Caremark form for prescription prior authorizations

FCHP has partnered with CVS Caremark (FCHP's Pharmacy Benefit Manager) to implement a new prior authorization (PA) process for all product lines.

On April 1, CVS Caremark began processing patient self-administered drugs, including oral medications (pharmacy benefit) and FCHP continues to process physician-administered drugs, including home infusion (medical benefit).

We would like to bring to your attention that there are two different PA forms:

1. CVS Caremark (pharmacy benefit) form—faxed to Caremark
2. FCHP (medical benefit) form—faxed to FCHP

Since these forms are faxed to different places and numbers, it's important to use the correct form, depending on the type of prior authorization request. You'll find more details and links to the forms at fchp.org/providers/pharmacy/pharmacy-prior-authorization.

You may already have the FCHP PA form in your office. You may continue to use this for **medical benefit** PA requests only. Please do not use this form to request PA for pharmacy benefit. Using the incorrect PA form may delay the PA review process. ■

Operative note review fax number

Claims operative (Op) note review has a dedicated RightFax number: 1-508-368-9094. Documents faxed to this number go directly into an electronic folder for review by our Op Note Review Team.

Unfortunately, we are finding a large volume of miscellaneous documents being sent to this fax. Incorrect use of this fax slows the Op Note Review process and may result in delayed handling of your issue.

Please restrict use of this fax number to surgical note reviews only, unless you have been asked to send something particular to this fax. Thank you! ■

New CMS-1500 health insurance claim form - timeline

The National Uniform Claim Committee (NUCC) has recommended that the health care industry adopt the following timeline for the transition to the revised CMS-1500 health insurance claim form (version 02/12).

- **June 1, 2013** – Health plans, clearinghouses and other information-support vendors are ready to handle and accept the revised (02/12) CMS-1500 claim form.
- **June 1 – October 1, 2013** – Providers can use either the current (08/05) or the revised (02/12) CMS-1500 claim form. Health plans, clearinghouses and billing vendors are able to accept and process either version of the form.
- **October 1, 2013** – The current (08/05) CMS-1500 claim form is discontinued; only the revised (02/12) CMS-1500 claim form is to be used. All rebilling of claims will be on the revised (02/12) CMS-1500 claim form from this date forward, even though earlier submissions may have been on the current (08/05) CMS-1500 claim form.

In addition, the ADA dental claim form was revised to reflect changes to the HIPAA standard electronic dental claim transaction, which were effective last year (2012). ■

Let's connect

FCHP Info Center is hub of activity

The FCHP Information Center in the White City Shopping Center, Route 9, Shrewsbury, has been a great resource for our members in this region. People are stopping in to ask questions and get information about their health insurance and their particular plans. The center is now open Monday - Friday, 8 a.m. to 5 p.m., and Saturdays, 9 a.m. to 3 p.m.

We're offering many wellness classes and educational programs every week at the center—and we hope you'll encourage your patients to take advantage of them. Everyone is welcome, and many programs are free.

We offer free blood pressure screenings on Tuesday mornings and rotate different screenings on our Wellness Wednesday mornings. We also offer a Gentle Yoga class on Tuesday mornings, our "50 Days to Fabulous" healthy lifestyle program on

Wednesday evenings, our Quit to Win classes every Thursday evening and a group exercise class on Saturday mornings. We offer many special one-time workshops, too.

For more information and to register for classes, your patients may call FCHP Health Promotions at 1-888-807-2908, option 4. To check for updates or to confirm programs, call the FCHP Information Center at 1-866-209-5073 or go to fchp.org/info-center. ■

FCHP's online tools make managing health insurance easier

FCHP's updated member portal, *myFCHP*, is now offering convenient self-service tools, including the ability to check benefits and claims. The new portal tools were developed in response to feedback from members, who were looking for additional ways to manage their health insurance and get answers to their claims and benefits questions.

FCHP members can continue to access existing *myFCHP* tools—such as ordering an ID card or changing a PCP. They also can use new self-service functionality to look up claims; view benefit and coverage documents; view 1099-HC; and print a temporary member ID card. *myFCHP* also features interactive health tools that help members get answers to their health care and cost questions.

FCHP is also leading the way in innovation with the launch of a **new mobile ID card application** for iPhones® and Droids® that enables members to view FCHP member ID cards for themselves or their dependents. Members can show the mobile ID card in place of their physical ID card at their doctors' offices, and they also can email or fax an image of the card to a provider, hospital or pharmacy. FCHP is the first insurer in the state to offer the convenience of a free mobile ID card application. ■

Health care reform updates

Health care reform has many components that will be evolving for the next few years—on both the state and federal levels. We're doing our best to stay on top of it all, and want to share what we know with our providers and customers.

We encourage you to visit this special section of our website—fchp.org/reform—and return often. As we receive more information and determine how the many laws, regulations and guidelines affect FCHP and those we partner with, we will continue to provide the information you need. ■

Caregiver support on fchp.org

More than 29% of Americans act as a caregiver to an older relative or friend. As providers, you often see first-hand how stressful it can be for your patients to balance caregiving with their own work and personal lives.

FCHP has created a new online caregivers' site—fchp.org/caregivers—to provide resources and support for people who care for elderly relatives or friends. We cover how to get needed support, including coordinated care options from FCHP, and include useful information about healthy aging, illnesses like diabetes and depression, and other topics that concern the health and well-being of mature adults.

Please take a moment to check it out and share the link with family and friends. ■

MassHealth update

Federally required disclosure requirements for MassHealth providers

Fallon Community Health Plan, a participating MassHealth managed care organization, is required by the Executive Office of Health and Human Services (EOHHS) to incorporate and apply all federal program integrity requirements into our participating provider agreements.

Federal regulations (42 CFR §§ 455.100–106) require the collection of information regarding business ownership and control, business transactions, and criminal convictions from provider applicants, participating providers, and from other parties associated with that provider.

FCHP is expected to obtain this information using the Federally Required Disclosure form that is provided by EOHHS. The Disclosure Form must be completed prior to the execution and renewal of the provider contract and when there are business ownership changes.

FCHP will supply more information related to this requirement and the Disclosure Form at fchp.org/providers/secure/MHDisclosure. ■

Compliance

FCHP and ICD-10 preparedness

The ICD-10 compliance date of October 1, 2014, is coming, and FCHP has nearly completed its implementation plan. Please continue to frequent our provider portal (fchp.org/providers), where ongoing updates will be stored. Please bookmark this page so you have easy access to all of the updates that apply to your practice.

If you have immediate questions or concerns, please contact your Provider Relations Representative for assistance at 1-866-ASK-FCHP (1-866-275-3247). ■

Reporting fraud, waste and abuse

Fraud, waste and abuse affect everyone. Combating fraud, waste and abuse is essential to maintaining strong and affordable health care.

- Fraud can be defined as an intentional misrepresentation that causes a victim to part with something of value, and is considered a criminal act.
- Waste is generally categorized as an act that causes a company to pay unnecessarily for a service.
- Abuse occurs when an individual or entity “works the system,” so as to be paid (or paid more) for a service to which he/she would not otherwise be entitled.

Fallon Community Health Plan is committed to detecting, investigating and resolving instances of error, fraud, waste and abuse. We encourage you to report any such activity to Phil Benvenuti, FCHP Senior Director of Internal Audit, at 1-508-368-9412.

You also may call FCHP's Compliance Hotline anonymously at 1-888-203-5295. ■

Emerging medicine

FCHP coverage decisions on emerging tests or procedures

FCHP does not approve any new clinical test or procedure for coverage without first conducting a careful review. We want to be sure there is adequate research and experience to develop clear clinical criteria and ensure that our members get benefits whose safety and need are proven.

■ Tdap for pregnant women

The Centers for Disease Control and Prevention (CDC) issued a new recommendation for the Tdap (tetanus, diphtheria and pertussis) vaccine on February 22, 2013. The CDC recommends that all women get a Tdap vaccine in the third trimester (ideally 27th through 36th week of their pregnancy), even if they have previously received the Tdap vaccine.

The goal is to protect the infant during its first two months of life, when infants are most vulnerable to pertussis—but before they can be vaccinated. *Vaccines that are recommended by the CDC are covered in full for eligible plan members.*

■ Axial lumbar interbody fusion (TranS1® AxiaLIF™ System, TranS1, Inc.)

FCHP's Technology Assessment Committee reviewed axial lumbar interbody fusion (Axial LIF) on February 26, 2013. Axial LIF is a minimally invasive alternative approach to traditional interbody fusion procedures in the L5-S1 and L4-S1 disc spaces. Axial LIF is performed under fluoroscopic guidance using the TranS1 AxiaLIF System.


Overall, the quality of the evidence for Axial LIF is low. The available published evidence is limited to case series studies with small patient populations and short-term clinical and radiographic outcomes. There is no evidence of long-term clinical or radiographic outcomes. There is no evidence of benefit for Axial LIF compared to open or other minimally invasive interbody fusion procedures.

In addition, concerns about complications, including rectal injury, pelvic hematoma and pseudoarthrosis remain. Well-designed, randomized controlled trials comparing Axial LIF to open or other minimally invasive interbody fusion procedures are needed.

FCHP considers Axial LIF to be experimental/investigational and not medically necessary. ■

Action health

Where in the world is TB?

The Massachusetts Department of Public Health has asked us to share with you a map that indicates where in the world TB is most prevalent. Patients and/or their family members who have traveled in the highlighted areas on the map are more at risk for TB infection. Consider keeping the map handy and talking with these patients about TB screening. You'll find the map and more resources in *Connection* online. 

Payment policy updates

Payment policies this issue

Revised policies – effective July 1, 2013

The following policies have been updated; details about the changes are indicated on the policies. Go to fchp.org/providers/medical-management/payment-policies.

- **Human Leukocyte Antigen Testing Payment Policy:** Updated codes and billing guidelines.
- **Non-Covered Services Payment Policy:** Updated list of codes and discussion about services that are not covered vs. not reimbursed.
- **Sleep Management Services Payment Policy:** Updated reimbursement discussion.
- **Transplant Payment Policy:** Updated format, reimbursement discussion, and billing guidelines. ■

Coding corner

Code update

Effective July 1, 2013, the following code *will deny vendor liable for all lines of business*:

CPT 22586 (Arthrodesis, pre-sacral interbody technique, including disc space preparation, discectomy, with posterior instrumentation, with image guidance, includes bone graft when performed, L5-S1 interspace.

Effective March 1, 2013 the following codes *no longer require plan prior authorization*:


L3208	Surgical boot, each, infant
L3209	Surgical boot, each, child
L3211	Surgical boot, each, junior
L3212	Benesch boot, pair, infant
L3213	Benesch boot, pair, child
L3214	Benesch boot, pair, junior

Effective July 1, 2013, the following code *will require plan prior authorization*.

J2941 Injection, somatropin, 1 mg ■

Script alert

Formulary updates

Fallon Community Health Plan often makes changes to its formularies, including changing prior authorization requirements and adding new medications. For the latest changes to our **commercial plan formularies**, effective April 1, 2013, please see *Connection* online. 

Have you seen your
Connection?

Please pass this along to the
next person on the list.

Date received _____

Please route to:

- ☐ Office manager
- ☐ Physician
- ☐ Billing department
- ☐ Receptionist
- ☐ Referral site
- ☐ Other

Get connected

Connection online ● May 2013

Your online supplement to *Connection* at
fchp.org/Providers/connection-newsletter contains:

- Where in the world is TB? (map)
- Formulary updates – commercial plan
- Payment policy updates and links

Connection is a bimonthly publication for all FCHP ancillary and affiliated providers. The next copy deadline is **May 8, 2013**.

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Questions?
Call 1-866-ASK-FCHP
(1-866-275-3247)