

CONNECTION

Important information for Fallon Health physicians and providers

November 2015

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Your next *Connection* will be electronic!

The next time you receive the *Connection*, in January, it will be electronic. It will be on our website at fallonhealth.org/providers/connection-newsletter. We'll send you a written Table of Contents through the U.S. mail, which will be your notification of important changes to look for in the online edition. If you have any questions, please contact your Provider Relations Representative. ■



Let's connect

Tobacco cessation medications

Now, in line with the Affordable Care Act, Fallon Health commercial plans cover FDA-approved tobacco cessation medications (nicotine and non-nicotine). Fallon MassHealth already covers all cessation medications for two quit attempts per year.

With this better access and affordability, we expect to see more quit attempts and hope that even more patients will be asking their providers about quitting. Please remember that we can help with our Quit to Win program. We continue to provide free individual telephonic coaching and other support options for all Fallon plan members. Call 1-508-368-9540 or 1-888-807-2908, or email us at quittowin@fchp.org to find out more about the program. ■



Postpartum visits

The American College of Obstetrics and Gynecology recommends that women see their OB/GYN for a standard postpartum care visit four to six weeks after delivery. **Fewer than half of postpartum women attend the recommended postpartum checkup.** There are many factors that contribute to this high number.

Those women with complications during pregnancy, such as high blood pressure or gestational diabetes, should also be referred to their primary care provider for follow-up. Please reinforce the importance of the postpartum visit throughout the antepartum care period and after delivery to ensure that these women make and keep postpartum appointments.

Fallon Health provides a \$20 CVS gift card to members who have a post-partum visit between 21 and 56 days following delivery. ■

Do you know about the Oh Baby! program Fallon Health offers to members?

Oh Baby! is a health and wellness program available at no additional cost to eligible members who are either expecting or adopting a child. Eligible participants will receive items like prenatal vitamins, car seat, breast pump, home safety kit, temporal thermometer, discounts on childbirth classes and birth announcements, plus a few little extras—all at no additional cost! Visit fchp.org/members/health-wellness/Oh-Baby. ■

NEHEN update

Great news! Fallon Health and New England Healthcare Exchange Network (NEHEN) have entered into an agreement! Stay tuned for further updates. ■

Quality focus

Flu and pneumonia vaccines

As reported in the May edition of the *Connection*, NaviCare members' influenza vaccination rate for the 2014-2015 flu season was 74.3 percent. We are hoping to surpass that rate during the upcoming flu season. This year we will educate members about both pneumonia vaccines (23 and 13 valent) now recommended for this population. We will be outreaching to all of the NaviCare members about the benefits of the vaccinations and where they can get them. Please encourage your patients to be vaccinated. ■

High-risk medications and the older adult

Medications identified in Beers Criteria for Potentially Inappropriate Medication Use in Older Adults are ones that are to be used with caution or not at all for older adults. In October 2014, our NaviCare Clinical Pharmacist began outreach to prescribers of certain high-risk medications identified on the Beer's list. This focused effort has thus far resulted in a 37.14 percent decrease in prescriptions for Glyburide, and a 62.5 percent decrease in prescriptions for Digoxin for NaviCare members.

Two other classes of high-risk medications, tricyclic antidepressants and muscle relaxers, have now been added to the project. Outreach efforts have begun informing PCPs and other prescribers of the Beer's criteria as it relates to these medications. The outreach is designed to remind and educate clinicians about risks, allowing them to make final decisions with the full clinical picture in mind. ■

Medication reconciliation following transitions of care

NaviCare has been working on a Quality Improvement Plan for CMS to increase our HEDIS® rates for medication reconciliation after acute hospital discharge. Our HEDIS 2015 rate increased 7.8 percent to 52.80 percent. NaviCare has implemented interventions in completing and

tracking our transition of care assessments and medication reconciliation that we anticipate will lead to an even greater increase for the coming year. As our process improves, we continue to reach out to PCPs with the information we gather to help make transitions of care safer for our members whenever they occur. ■

Compliance

ICD-10 post-implementation reminders

First, we'd like to thank you, our contracted providers, for partnering with us to ensure a smooth transition to ICD-10. Now that ICD-10 is live, we would like to remind you of the following:

Claims submissions:

- For services rendered in an inpatient or outpatient setting:
 - Any claims with dates of service prior to 10/1/2015 must be coded in ICD-9.
 - Any claims with dates of service on or after 10/1/2015 must be coded in ICD-10.
- For any inpatient claims in which the stay spanned the go-live date, the claims must be separated as outlined above.
- If you typically bill multiple dates of service on one outpatient claim, please ensure that the claims for services through 9/30/15 are included on one claim and those on or after 10/1/2015 are on a second claim.
- **Electronic submitters:** Fallon can accept both ICD-9 and ICD-10 coded claims on one electronic batch file (837 file). However, we will not accept dual coded claims (both ICD-9 and ICD-10 for the same date of service).

ICD-10 Coding:

- Please ensure your claims include diagnosis codes that are completed to the highest specificity, to include the maximum number of digits allowed. Fallon will deny claims that do not comply with ANSI 5010 specifications, which include invalid or unspecified codes.

Claims filing limits and provider appeal deadlines:

- Please be aware that Fallon has not made any changes to claims filing limits or provider appeal deadlines.
- Please ensure initial claims submissions, claims adjustments/reconsiderations and/or provider appeals are submitted within the stipulated limits outlined in your contract and in accordance with the *Provider Manual*.

Authorizations\Referrals\Notifications:

- Please include valid ICD-10 diagnosis codes on any requests for authorizations, referrals or notifications.
- For those providers who have been delegated by Fallon to perform utilization management, please note that this applies to your internal processes as well.

We are here to help! If you have any questions, please contact the Fallon Health Provider Service Line at 1-866-275-3247, option 4. ■

The value of the seventh character

In the transition from ICD-9-CM, one of the substantial differences is the addition of the seventh character in ICD-10-CM. In certain chapters of ICD-10-CM, this seventh character, also referred to as a seventh character extension, represents whether the encounter is an initial visit, subsequent visit or a visit for the sequelae of a condition. Examples of where the seventh character can be used include injuries and fractures (Chapter 19).

Extension "A" represents the correct seventh character for the initial encounter (e.g., ER encounter, evaluation and treatment by a new physician, surgical treatment). Note: The term "initial encounter" is used as long as the patient is receiving active treatment. There may be instances when a patient is seen by a new physician following active treatment for a condition/injury. Additional clarification is provided in the CMS 2015 Official Guidelines for Coding and Reporting:

continued

While the patient may be seen by a new or different provider over the course of treatment for an injury, assignment of the seventh character is based on whether the patient is undergoing active treatment and not whether the provider is seeing the patient for the first time.

Extension "D" – subsequent encounter is used for visits after the patient has received active treatment of the condition/injury and is receiving routine care for the condition/injury during the healing or recovery period.

Extension "S" – sequel (late effect), is used for complications or conditions that arise as a direct result of a condition/injury, such as post-concussion syndrome after a head injury.

One of the most important physician practice compliance issues is the appropriate documentation of diagnosis and treatment. Clinical documentation must accurately reflect the level of healthcare services rendered, be in compliance with CMS documentation and reporting guidelines, and meet the highest level of coding specificity required to achieve proper claims reimbursement. ■

Product spotlight

Fallon Senior Plan HMO and HMO-POS update – 2016

Our Fallon Senior Plan (FSP) Medicare Advantage product is available in all of Barnstable, Bristol, Essex, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk and Worcester counties, and parts of Franklin County. During the Medicare Annual Election Period now through December 7, **Fallon is offering a great selection of HMO and HMO-POS plans with premiums starting at \$0. Most premiums will not increase in 2016.** We'll be happy to help your patients understand their health plan options for 2016. Potential and current members can call us, visit us online or meet with us in person.

2016 plan changes

For 2016, we have significantly increased the number of network pharmacies offering a preferred cost-sharing for covered medication.

In addition to CVS, Wal-Mart, Target, and some independent pharmacies, **members may also have their prescriptions filled at network pharmacies with preferred cost-sharing at Stop & Shop, Shaw's, Big Y and additional independent pharmacies and smaller chains.** For specific information, check the pharmacy directory under current members/plan documents at fallonhealth.org/seniorplan.

Effective 1/1/16, we are also excited to offer an annual physical exam at \$0 copay as a supplemental benefit. You'll find detailed information about our Fallon Senior Plan HMO individual plans in our *Summary of Benefits* and *Evidence of Coverage* documents online at fchp.org/find-insurance/medicare/current-members/plan-documents. Fallon will be happy to help your patients understand their options for 2016. Please refer them to our Fallon Senior Plan Customer Service number, 1-800-325-5669, 8 a.m.–8 p.m., seven days a week. If you have additional questions, please call Provider Relations at 1-866-ASK-FCHP (1-866-275-3247), prompt 4. ■

Fallon Health receives top scores for NaviCare program

Fallon Health's NaviCare program has high standards in place to ensure that our members receive the quality care they need. We participate in a rigorous review—as required by the Centers for Medicare & Medicaid Services (CMS)—to ensure that we meet a variety of standards that benefit your patients' health and well-being.

CMS recently evaluated Fallon's primary care team, network of providers, individualized care plans, care management, overall health performance and other factors. While a score of 70 percent is considered passing, **Fallon is very proud to have received a 100 percent score for the Model of Care we use to care for our members!** We were granted a multi-year CMS approval of the NaviCare program for receiving top marks.

This score reflects our commitment to excellence and a continued focus on how we're working to help members live their best lives. ■

MassHealth update

Urgent Care locations

Urgent care centers are clinics that offer another care option for patients instead of going to an emergency room for common urgent health issues.

As you know, the emergency room is the best place for critical medical conditions and trauma, but many common urgent health issues can be addressed more promptly and cost effectively at urgent care centers. These centers usually have walk-in visits, later hours and offer a range of medical services.

When you can't see patients yourself, we encourage you to refer our members to urgent care locations, when appropriate, for minor injuries, fever or flu-like symptoms, sprains and strains, coughs, colds and sore throats, ear infections and rashes or other skin irritations.

Below is a list of urgent care centers available to Fallon MassHealth members.

Name	City	Phone
Carecentral Urgent Care Medical Group PC	North Easton	508-297-1665
Carecentral Urgent Care Medical Group PC	Stoughton	781-341-2800
Chicopee Urgent Care PLLC	Chicopee	413-331-4336
Doctors Express	Natick	508-650-6208
Doctors Express	Marlborough	508-658-0764
Hallmark Health Urgent Care	Medford	781-306-6100
Hallmark Health Urgent Care	Reading	781-213-5500
Health Express LLC	Plymouth	781-626-5180
Health Express LLC	Weymouth	781-626-5160
Health Express LLC	Abington	781-676-5700
Massachusetts Express Care LLC	Raynham	781-686-5500
Medexpress Urgent Care PC - Massachusetts	Chicopee	413-533-3049
Medexpress Urgent Care PC - Massachusetts	Haverhill	978-372-1382
On Call Urgent Care LLC	Northampton	413-584-7425
ReadyMed By Reliant Medical Group	Auburn	774-221-5135
ReadyMed By Reliant Medical Group	Shrewsbury	508-831-4080
Reliant Medical Group	Milford	508-595-2700
Reliant Medical Group	Worcester	508-852-0600
CareWell Urgent Care	Billerica	617-302-4194
CareWell Urgent Care	Lexington	781-538-4526
CareWell Urgent Care	Needham Hts.	781-400-1383
CareWell Urgent Care	Peabody	978-826-5950
CareWell Urgent Care	Tewksbury	978-851-4683
CareWell Urgent Care	Norwell	781-421-3503
Urgent Care Of Holden	Holden	508-829-3800
Urgent Care Of Wilbraham	Wilbraham	413-599-3800 ■

Script alerts

Cyclobenzaprine

The Centers for Medicare and Medicaid Services (CMS) determined that there is a high likelihood that cyclobenzaprine is being used for non-Part D covered uses. In order to comply with CMS, **effective January 1, 2016, cyclobenzaprine will require a prior authorization.**

What does this mean for you?

Effective January 1, 2016, we will only cover cyclobenzaprine with a prior authorization for members in our Medicare programs, Fallon Senior Plan™ and NaviCare.

Coverage of cyclobenzaprine will be limited to the short term treatment of muscle spasm associated with an acute, painful musculoskeletal condition.

Current patients who have been receiving cyclobenzaprine will not be able to refill their prescription without a prior authorization.

Prior authorization will not be approved if it is being used for an off-label indication. Patients who are using cyclobenzaprine for other conditions will be advised to contact you to discuss their treatment plan and alternative treatment options. Baclofen may be a suitable alternative treatment for some patients and is covered by Fallon Senior Plan and NaviCare. ■

New address

New address for claims submissions

Effective January 1, 2016, Fallon Health has a new P.O. Box for all paper claim submissions, adjustments, and appeals for all lines of business, including, but not limited to, Commercial, PPO, Fallon Total Care, NaviCare, Fallon Senior Plan, and non-contracted chiropractors. (Note: PPO does not have a separate address anymore.)

The old P.O. Box will remain active during the transition period. However, we encourage providers to start using the new address now in order to avoid delays in claim processing. Member ID cards will be updated with the new claims address as members' policies renew.

The only change for providers is the new P.O. Box. The fax numbers are the same.

The new P.O. Box is:

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

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

Coding corner

New 2016 CPT/HCPCS codes

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

ICD-10-PCS codes

The new ICD-10-PCS diagnosis and procedure codes are effective October 1, 2015. An ICD-10-PCS diagnosis code is required on all paper and electronic claims billed to Fallon Health.

For a list of new ICD-10-PCS codes, effective for dates of service on or after October 1, 2015, see *Connection* online or the link below.

<https://www.cms.gov/Medicare/Coding/ICD10/2015-ICD-10-CM-and-GEMs.html>

Once you're at the cms.gov page, click 2015 Code Tables and Index - Updated 11/13/14 [ZIP, 16MB] ■

Medicare MS-DRG annual update

Medicare MS-DRG V33 fee schedule of weights is effective October 1, 2015.

For a list of new and invalid MS-DRG codes, effective for dates of service on or after October 1, 2015, see *Connection* online.

<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/FY2016-IPPS-Final-Rule-Home-Page.html>

(Click FY2016 Final Rule Tables and reference Table 5.) ■

Payment policy updates

Payment policies this issue

Apply to Fallon Health and Fallon Total Care *unless otherwise noted.*

Revised policies, effective January 1, 2016

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

- **Autism** – Moved to new Plan template and updated Reimbursement section to reflect removal of copay.
- **Diabetes Self-Management Education/ Training** – Moved to new Plan template and updated Reimbursement section to define maximum limits.
- **Inpatient Medical Review and Payment** – Moved to new Plan template and clarified language discussing inpatient routine services.
- **Laboratory and Pathology** – Updated panel testing exclusions.
- **Nurse Midwife** – Updated reimbursement section and moved to new Plan template.

Policies - Annual review (12 policies)

We have completed an annual review of the following policies, and have reformatted them in our new plan template without any content changes.

- **Ambulatory Surgery – Facility**
- **Ambulatory Surgery – Professional**
- **Anesthesia**
- **Gastroenterology**
- **Medical Nutrition Therapy**
- **Registered Nurse First Assistant**
- **Skilled Nursing**
- **Special Services, Procedures, and Reports**
- **Team Conferences and Telephone Services**
- **Timely Filing**
- **Transplant**
- **Unlisted Procedures** ■

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 ● November 2015

Your online supplement to *Connection* at
fallonhealth.org/providers/connection-newsletter contains:

- Payment policy updates and links

Connection is a bimonthly publication for all Fallon Health ancillary and affiliated providers. The next copy deadline is **November 7** for our January 2016 issue.

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fallonhealth.org/providers
fallontotalcare.com/providers

Questions?

1-866-275-3247 – Fallon Health
1-855-508-4715, option 4 –
Fallon Total Care