May 16, 2025

MAPAM All Payers Meeting

care. It's what we believe in.

fallonhealth

Dedicated to providing excellent service

- Fallon Health representative assigned to each provider. If you do not know who your provider representative is, email *AskFCHP@fallonhealth.org*
- Face-to-face service
- Individual or staff education sessions—during or after regular business hours
- Provider Services Department
  - 1-866-275-3247, option 4
  - Monday, Tuesday, Thursday and Friday, 8:30 a.m.– 5:00 p.m.; Wednesday, 10:00 a.m.–5:00 p.m.

Agenda

- About Fallon Health
- Fallon Health plans
- Doing business with Fallon Health—News and announcements
- Keeping you connected
- Contacting Fallon Health

About Fallon Health

About Fallon Health

- Fallon Health is a company that cares. We prioritize members—always—making sure they get the care and services they need and deserve. Ensuring high quality and excellence is the basis of everything we do, and our mission—**improving health and inspiring hope**—guides every decision we make.

- As a not-for-profit health care services organization that is **both an insurer and provides care**, Fallon Health works closely with providers, community leaders, government organizations, and others to enhance care and services.

- We deliver equitable, high-quality coordinated care focused on member experience, service, and clinical quality.

Fallon Health plans

Our plans

MassHealth Accountable Care Organization (ACO) plans

- Berkshire Fallon Health Collaborative (BFHC)
- Fallon 365 Care
- Fallon Health-Atrius Health Care Collaborative (FACC)

Individual and small group plans

- Fallon Health Community Care (MA Health Connector)

Medicare Advantage plans

- Fallon Medicare Plus™ Central HMO (retiree groups)
- Fallon Medicare Plus HMO
- Fallon Medicare Plus Central Premier HMO (retiree groups)
- Fallon Medicare Plus Premier HMO

Medicare Supplement plans

- Fallon Medicare Plus Supplement Core
- Fallon Medicare Plus Supplement 1A
- Fallon Medicare Plus Supplement 1

MassHealth Standard eligible seniors

- NaviCare® HMO SNP (a Medicare Advantage HMO Special Needs Plan)
- NaviCare® SCO

PACE program

- Summit ElderCare®

Doing business with Fallon Health

News and announcements

PCP referral information

Referrals for specialty care are required for Community Care, MassHealth ACO (BFHC, Fallon 365 Care, FACC), Fallon Medicare Plus, Fallon Medicare Plus Central and NaviCare plans.

- PCP coordination of care is the foundation for care delivery.
- All specialty visits, initial and follow up, must be coordinated by the PCP; specialists cannot refer to other specialists.
- Some office-based procedures require prior authorization. Use the Fallon Health procedure code look up tool to check PA requirements: http://www.fchp.org/providertools/lookup/
- If the PCP refers a member for non-covered benefits, or to non-contracted providers, the PCP's referral becomes void, as these situations require plan prior authorization.

Process for Community Care members

- The PCP refers the member to a specialist within the member's product for medically necessary care.
- PCP contacts the specialist and provides the PCP's name, NPI number, the reason for the referral and number of visits approved.
- Referral should be documented in member's medical records for both PCP and specialist.
  - Fallon Health reserves the right to audit medical records to ensure specialty referral was obtained. Lack of proof of referral may result in claims retractions.
- The specialist verifies member's eligibility through the Fallon Health online eligibility tool, POS device or by contacting Fallon Health at 1-866-275-3247, prompt 1
- The specialist treats the member according to the PCP's request and exchanges clinical information with the member's PCP.
- The specialist places the PCP's NPI number in the appropriate field on their claim when submitting to Fallon Health.
- There is a **120-day** retro referral timeframe allowed for Community Care members.

All services are subject to network, coverage, benefit and contract policies and exclusions.

Process for Fallon Medicare Plus, Fallon Medicare Plus Central and NaviCare members

- The PCP refers the member to a specialist within the member's product for medically necessary care.
- The PCP enters a referral into the ProAuth system, indicating the in-network specialist, timeframe and number of visits approved,

  Note: *there is no need for a PCP referral if the PCP is referring within the HealthCare Option (HCO).*

- The specialist verifies member's eligibility and verifies the referral is on file and approved in ProAuth prior to seeing the member.
- The specialist treats the member according to the PCP's request and exchanges clinical information with the member's PCP.
- There is a **90-day** retro referral timeframe allowed for Fallon Medicare Plus, Fallon Medicare Plus Central and NaviCare members.

All services are subject to network, coverage, benefit and contract policies and exclusions.

Process for MassHealth ACO members

- The PCP refers the member to a specialist within the member's product for medically necessary care.
- The PCP enters a referral into the ProAuth system, indicating the in-network specialist, timeframe and number of visits approved

Note: *There is no need for a PCP referral if the PCP is referring within the HealthCare Option (HCO) for Fallon 365 Care, Berkshire Fallon Health Collaborative, and Fallon Health-Atrius Health Care Collaborative, respectively.*

- The specialist verifies member's eligibility and verifies the referral is on file and approved in ProAuth prior to seeing the member.
- The specialist treats the member according to the PCP's request and exchanges clinical information with the member's PCP.
- There is a **30-day** retro referral timeframe allowed for BFHC and Fallon 365 and **90 days** for FACC.

Currently, there is a pause on PCP referrals as per MassHealth guidelines- more information as the state releases it.

All services are subject to network, coverage, benefit and contract policies and exclusions.

Prior authorization for all Fallon Health products

The requesting physician must obtain prior authorization from Fallon Health for the following:

- All elective inpatient admissions *(excludes knee and hip replacement SX and hysterectomies)*
- **All services with out-of-product, tertiary, and/or non-contracted providers or facilities**
- All unlisted CPT-4 and unspecified HCPCS codes
- Elective hospital/facility same-day surgery and ambulatory procedures on the procedure codes list
- Genetic testing
- High-tech imaging
- Hospice
- Office-based procedures identified on our procedure code look-up tool–available at fallonhealth.org/providers
- Oral surgery services and treatment
- Oxygen
- Plastic reconstructive surgery and treatment
- Sleep diagnostics and therapy
- Specified durable medical equipment, prosthetics and orthotics
- Transplant evaluation

Referral and prior authorization guidelines by product

Product	Referral requirements	Prior authorization requirements
Community Care	NPI process, 120 retro ref allowed	Prior authorization number required, no retro requests allowed
Berkshire Fallon Health Collaborative	Referral number, 30 retro allowed ***	Prior authorization number required, no retro requests allowed
Fallon 365 Care	Referral number, 30 retro allowed***	Prior authorization number required, no retro requests allowed
Fallon Health-Atrius Care Collaborative	Referral number, 90 retro allowed***	Prior authorization number required, no retro requests allowed
Fallon Medicare Plus	Referral number, 90 retro allowed	Prior authorization number required, no retro requests allowed
NaviCare	Referral number, 90 retro allowed	Prior authorization number required, no retro requests allowed
	Referral number requested through and obtained in ProAuth.	**Prior auth is requested and obtained in ProAuth and must be in an approved status for consideration of claims payment.**
	****Current pause on referrals per MassHealth however the plan is encouraging referral entry.*	

Gaining access to ProAuth

ProAuth allows providers to electronically enter prior authorizations and referrals.

- For access, complete the online form at https://www.fchp.org/providertools/ProAuthRegistration,

OR…

- Complete the ProAuth Enrollment form and email to AskFCHP@fallonhealth.org or send by fax to (508) 368-9902.
- **Requests for adding new providers** to an existing individual ProAuth user account should be emailed to AskFCHP@fallonhealth.org with full name of user, email address, group name, group NPI, provider name, and provider's NPI.
- All new user applications will be processed by Fallon Health within 14 business days.
- **Approved new users will receive an email** with login/account activation along with instructions on how to use ProAuth.

Make sure you activate your account within 7 days of receipt, or your account will need to be reset.

Integrated Home Care Services (IHCS) for the coordination and provision of durable medical equipment (DME) and home health services

Effective July 1, 2025, DME and home health service requests for Fallon Health patients—excluding PACE—will need to be submitted directly to IHCS.

- **Please note:** The list of DME items is expanding to all categories, excluding orthotics and prosthetics, PERS, diabetic supplies, and CPAP/BIPAP.
- Written notice of this change was sent via the US postal service to contracted providers, the first week of May 2025.
- Key contacts were notified via email.

IHCS *(continued)*

IHCS will coordinate your patients' covered DME and home health services with an in-network Fallon Health provider, effectively reducing your administrative burden.

If you're currently contracted with Fallon Health to provide your patients with DME items—like crutches, splints, nebulizers, or canes—you can continue to do so, but you will need to notify IHCS and let them know who your DME supplier is.

- Fax all prescriptions, medical orders, and/or discharge orders to IHCS at 1-844-215-4265.
- If you have any questions or need assistance with an order, you can call IHCS at 1-844-215-4264.

If you have questions prior to July 1, please contact your Fallon Health Provider Relations representative directly, or email askfchp@fallonhealth.org.

IHCS *(continued)*

MAY 2025 ***IHCS Introduction/Overview***

- **Hospital -** https://calendly.com/ihcsprovidertraining/fallon-hospital-systems-introductory-training
- **Physician / Specialists-** https://calendly.com/ihcsprovidertraining/fallon-referral-sources-introductory-training
- **Provider / Home Health and DME-** https://calendly.com/ihcsprovidertraining/fallon-dme-hh-providers-introductory-training

JUNE 2025 ***General Trainings***

- **Hospital and Physician / Specialists-** https://calendly.com/ihcsprovidertraining/fallon-health-referral-source-general-training
- **Provider Home Health-** https://calendly.com/providertraining-1/ihcs-medtrac-portal-training-hh-hi-version2
- **Provider DME-** https://calendly.com/providertraining-1/ihcs-medtrac-provider-portal-training-dme

New prior authorization requirements for APAD/APEC drugs

- **Effective 4/1/25**
- Prior authorization (PA) requests for APAD/APEC carve-out drugs, including one-time infused cell and gene therapy, must be submitted to the MassHealth DUR program before administration.
- Review the MassHealth Acute Hospital Carve-Out Drugs List for detailed requirements and PA forms.
- Submit post-service claims for these drugs to MassHealth.
- Fallon Health will continue to review/reimburse related hospital and professional services, including pre-admission screening for Medicaid ACO Products only. Requirements may differ for Commercial and Medicare Advantage products.
- Providers should refer to the MassHealth Acute Hospital Carve-Out Drugs List for a list of drugs included in this transition and other details about the MassHealth DUR program

Keeping your information current

Fallon Health partners with Council for Affordable Quality Healthcare (CAQH) for validation of provider directory information.

Keeping in line with federal and state requirements there are tasks that must be completed by our providers.

- If you do not complete the attestation of the provider information, please share this information with those who do.
- Please continue to share the *Connection* newsletter with the staff updating CAQH, as this is where Fallon Health shares important updates.
- Indicate and accept that Fallon Health is an insurer you do business with, as this will allow Fallon Health to access the provider and accept information and updates through this process.

Keeping your information current *(continued)*

Once you are enrolled in the CAQH process:

- Review and attest to the provider information in the CAQH Provider Directory Management Solution every 90 days, to keep information current.
- If you do not attest, you will be considered a non-responder—this will prompt calls to your office.
- If you make an update in CAQH, you must attest—again—for the information to be shared with the health plans.
- If you do not indicate Fallon Health as a health plan that you participate with, this will prompt outreach calls to your office.

If there are any questions about this process, reach out to your Provider Relations representative. For more information about the CAQH Directory Management process, visit HCAS.

Health Related Social Needs Services (HRSN) program

- **Effective January 1, 2025**, MassHealth members enrolled in Accountable Care Organizations (ACOs) may be able to get help with food and housing needs through the MassHealth Health Related Social Needs (HRSN) services program.

- MassHealth has developed a standard set of criteria that members need to meet to receive these services.

- The following HRSN providers will be partnering with Fallon Health and our ACOs to provide these supports to members.

Health Related Social Needs Services program

Berkshire Fallon Health Collaborative

- Upside 413/Berkshire County Regional Housing Authority
- Just Roots

Fallon Health-Atrius Health Care Collaborative

- Just Roots
- Community Servings
- Project Bread
- Massachusetts Coalition for the Homeless

Fallon 365 Care

- Just Roots
- Project Bread
- Elder Services of Worcester Area
- Massachusetts Coalition for the Homeless

Providers interested in finding out more about HRSN services or referring a patient can speak directly with Care Management staff working in your practices.

Questions about eligibility for the program or how to refer patients:

- Email the Fallon Health Community Services team at CP.referrals@fallonhealth.org

Telehealth/Telemedicine

- Fallon Health will be following the Medicare decision on the new telemedicine codes for **Medicare LOBs** and **Community Care**.

- CMS is not adopting the new telemedicine codes, except for CPT 98016.

- Providers may use the standard office visit codes 99202-99215 for video and audio visits and indicate the type of visit by using a modifier
  - 93 for audio only
  - 95 for video only
  - POS 02 and 10 as appropriate

- For **MassHealth ACO**, we await MassHealth's decision, and this typically does not occur until May or June of the calendar year – **until then we will not reimburse these codes for MassHealth ACO**.

Neuropsychological testing process change

- **Beginning June 1, 2025,** all claims for psychological and neuropsychological testing—including both medical and behavioral health primary diagnoses—should be submitted to Carelon Behavioral Health, Inc.
- Carelon has contracted with Availity Essentials (“Availity”) as their primary clearinghouse.
- When using the services of a clearinghouse, providers must reference Carelon’s Payer ID, BHOVO, to ensure Carelon receives those claims.
- If you are unable to submit claims electronically, please submit paper claims to:

  Carelon Behavioral Health

  P.O. Box 1866

  Hicksville, NY 11802-1866

2024 ACO claim submissions

- Fallon Health is required to submit encounter data to the State of Massachusetts for all ACO members. The information submitted includes final encounter data from claims with service dates for the previous year.
- **Fallon Health is requiring all claims for dates of service (DOS) in 2024 be submitted by July 4, 2025. Timely filing limits still apply!**
- Claim Submission Information:
  - First time claims should be submitted within 120 days from DOS, unless your contract states differently
  - Claim corrections must be submitted within 120 days from the most recent Remittance Advise Summary (RAS)
    - Paper Claim Corrections must be submitted with a request for claim review form filled out
    - All Electronic corrections must be submitted with a frequency code 7 or bill type ending in 7
    - Corrected claims must include all services/lines that were billed on the previous claim, not just the corrections

Keeping you connected

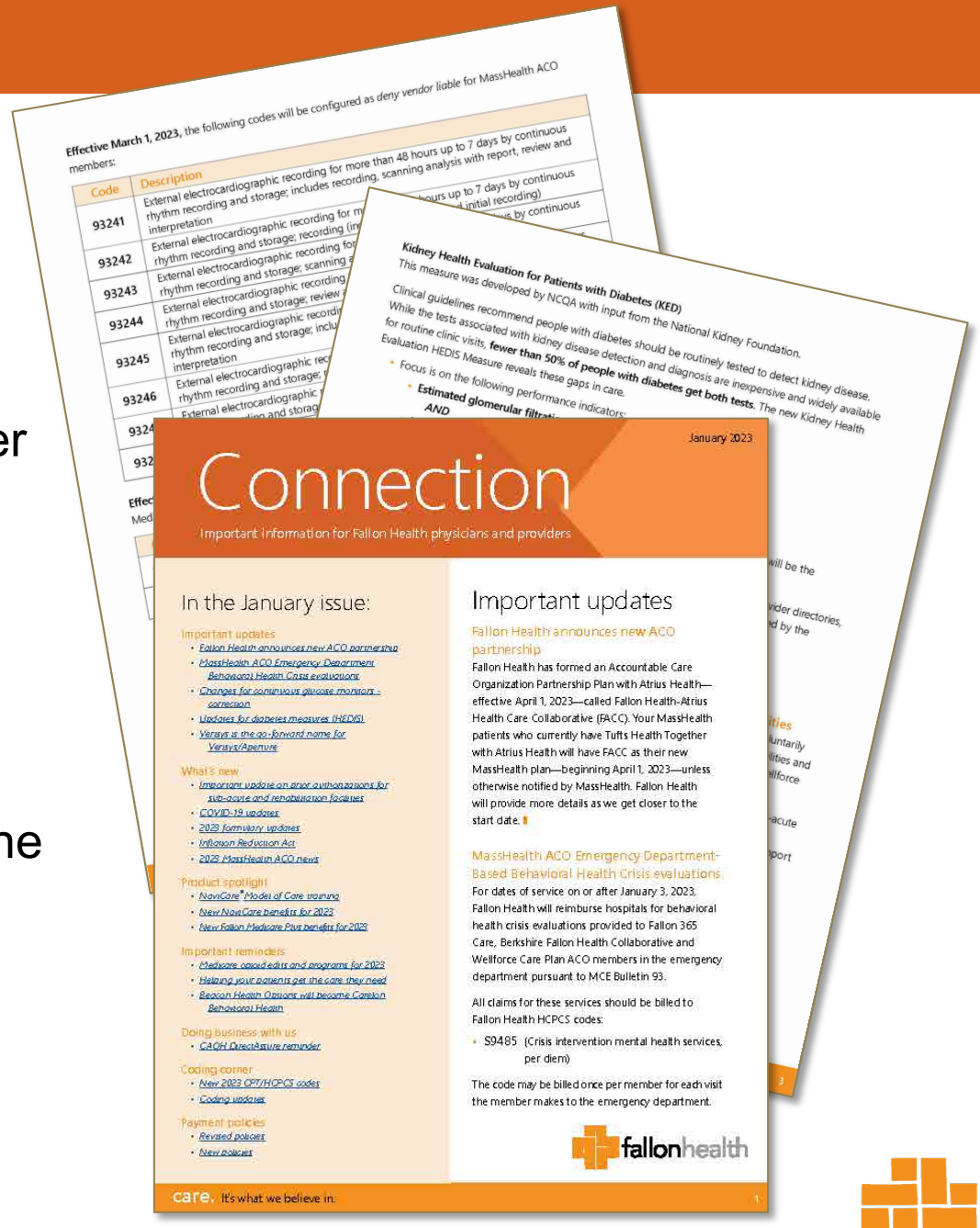
Keeping you connected

Connection

- Electronic quarterly newsletter; fallonhealth.org/providers/connection-newsletter
- Updates
- New information
- Policies – Payment and Medical
- Additional information

You will receive 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.

To stay connected, send your email address to askfchp@fallonhealth.org



Fallon Health provider website

The Fallon Health provider site is here: https://fallonhealth.org/providers.

Offers:

- News and notifications
- Provider manual
- Medical and payment policies
- Online provider tools
- Training and resources
  - Cultural Competency training
- *Connection* newsletter

COMING SOON! The Fallon Health Provider Portal

Be on the lookout in July for information on how to sign up and use our new provider portal coming in the fall.

- Provider single sign-on to connect, with the ability to link to our business partners
- New PCP panel reports
- Enhanced claims status checks and claims submissions
- Eligibility and benefit verification
- Document manager and secure file transfers
- Reporting
- And more

Contacting Fallon Health

Your Fallon Health points of contact

Fallon Health Provider Services | 1-866-275-3247

- Prompt 1 | **Customer Service** *(to determine member eligibility or benefit information)*
- Prompt 2 | **Claims**
- Prompt 3 | **Referrals, Prior Authorizations or Case Management**
- Prompt 4 | **Provider Services**
- Prompt 5 | **Pharmacy Services**
- Prompt 6 | **EDI Coordinators, Help Desk**

Fallon Health business partners

• **American Specialty Networks (ASH)**	1-800-972-4226
• **Carelon Behavioral Health Strategies, LLC**	1-781-994-7556
• **CareCentrix**	1-866-827-2469
• **DentaQuest**	1-800-822-5353
• **eviCore**	1-888-693-3211
• **EyeMed Vision Care**	1-800-521-3605
• **HealthCare Administrative Solutions, Inc (HCAS)**	1-617-246-6451
• **Integrated Home Care Services (IHCS)**	1-844-215-4264
• **Prime Therapeutics**	1-800-424-1740
• **PaySpan**	1-877-331-7154, option 1
• **Zelis**	1-866-489-9444

Thank you!