

May 23, 2024

Fallon Health

care. It's what we believe in.



Dedicated to providing excellent service

- Fallon Health representative assigned to each provider
- 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
- Keeping you Connected



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



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
- Fallon Medicare Plus HMO
- Fallon Medicare Plus Central Premier HMO
- 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

Reminders and updates

Keeping your information current

Fallon Health partners with CAQH for validation of provider directory information.

Directory providers should be using the CAQH Provider Data Management system and attesting to their information regularly- every 90 days.

Fallon can receive certain information via CAQH to make demographic updates in a more automated way.

Demographic updates include:

- Practice address
- Phone number
- Fax number
- Panel status

Exceptions:

- “Pay to” updates that require a W-9
- New providers (require an HCAS form with appropriate supporting documentation)
- Specialty updates

All paper forms or updates sent to Fallon Health should be emailed to: providerdataupdates@fallonhealth.org



CAQH provider data management

Helpful reminders:

- If you do not personally attest to your information, bring this information to those that do.
- Share the Connection Newsletter with the people updating CAQH, as this is where updates are communicated.
- If you make an update in CAQH you must attest again for the information to be pushed to the health plan.



CAQH provider data management *(continued)*

- If you do not indicate Fallon Health as a health plan that you accept, this will prompt educational outreach calls to your office.
- If you do not attest, you will be considered a non-responder and this will prompt calls to your office.
- If there are any questions about this process, reach out to your assigned provider relations representative.

For more information about the CAQH process, you can visit HCAS at <https://www.hcasma.org>



PCP referrals vs prior authorization

Referrals:

- 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.
- PCP referrals are to in network specialists.

Prior Authorizations:

- Prior Authorizations are required for out-of-network services.
- Some office-based, non office-based procedures, and other services require prior authorization.
- Use the Fallon Health procedure code look up tool to check PA requirements:
<http://www.fchp.org/providertools/lookup/> *(no username or password is needed for this tool)*



Referral 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.
- 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.



Referral 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.



Referral process for MassHealth ACO members—

Berkshire Fallon Health Collaborative, Fallon 365 Care, Fallon Health-Atrius Health Care Collaborative

- 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 Berkshire Fallon Health Collaborative, Fallon 365 Care, 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 per MassHealth guidelines- more information will be shared as the state releases it.**



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 received 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.



Obesity drugs—340B

- Pursuant to Managed Care Entity Bulletin 109—Effective July 1, 2024—Fallon Health will only pay for the following drugs when providers use non-340B stock.
 - Saxenda® (liraglutide)
 - Victoza® (liraglutide)
 - Ozempic® (semaglutide)
 - Rybelsus® (semaglutide)
 - Wegovy® (semaglutide)
 - Mounjaro® (tirzepatide)*
 - Zepbound® (tirzepatide)*

For NaviCare HMO SNP members

The only exception to this is for NaviCare HMO SNP members who receive part D covered drugs—Victoza®, Ozempic®, Rybelsus®, and Mounjaro®—in which case 340B stock can be used.



Change Healthcare update

Change Healthcare experienced a network interruption related to a cyber security issue.

Effective 4/29/2024, Fallon Health has re-established our connection with Change Healthcare system for our 837 Health Care Claim transactions.

All methods for submitting claim transactions electronically:

Direct submission to Fallon Health *(May require a minimum threshold):*

- Faster turnaround time
- Eliminates need for clearinghouse
- No transaction fee
- EDI coordinators: edi.coordinator@fallonhealth.org, 1-866-275-3247, option

Clearinghouses/Billing agencies:

- Change Healthcare: Payor ID #22254 for professional and institutional
- NEHEN
- Availity
- Office Ally
- FinThrive
- iEDI – will accept a variety of clearinghouses, including SSI, Availity, and Office Ally

<https://fallonhealth.org/en/providers#:~:text=Fallon%20Health%E2%80%99s%20electronic%20data%20submission%20options>



Change HealthCare update *(continued)*

Medicare cross over claims

- If you are a Fallon Medicare Plus Medicare Supplement provider and/or are submitting Medicare Crossover Claims, we strongly recommend that you hold off on balance billing members.
- Follow your current claims submission practices by sending Fallon Health the balance of the claims after Medicare has paid with the Medicare EOB.

Claims Payments

- While Fallon Health has experienced no disruption in provider payments, we remind you to log into Payspan to confirm that your Remittance Advice Summary (RAS) are being routed to the correct party.



Online tools

Tools offered:

- Claims Metrics—12 week look back on claims submitted to Fallon Health
- Eligibility
- PCP panel reports
- PCP referral monitoring report
- Fallon Health conducted a clean up of users for inactivity of 180 days or more.
- Should you end up needing access you may sign up at <https://fallonhealth.org/en/providers#:~:text=Registration%20for%20first%20time%20users>



Fallon Health provider website

Fallon Health provider site located at: <https://fallonhealth.org/en/providers>

Offers:

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



Keeping you connected



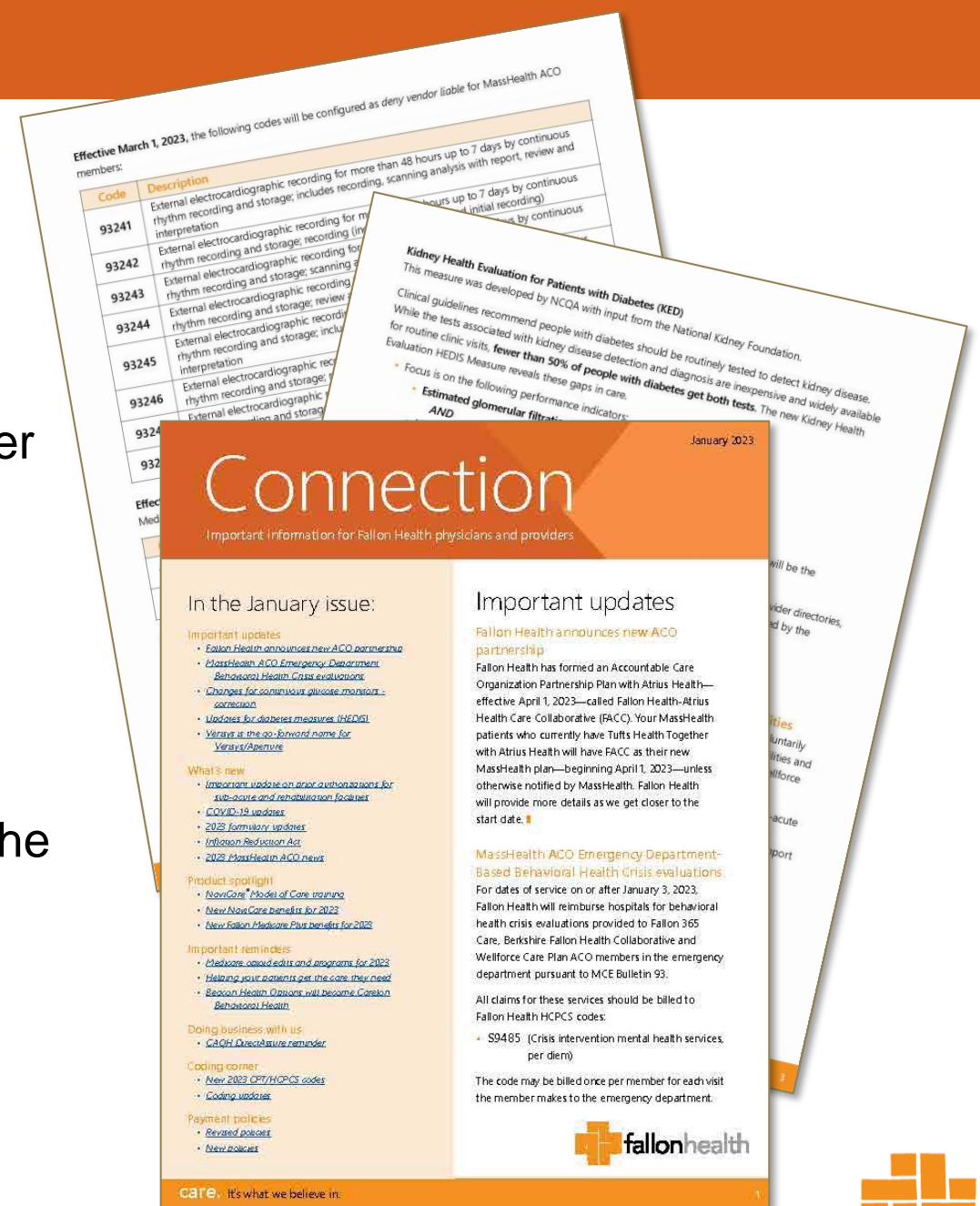
Keeping your connected

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



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
- **Magellan Rx Management** 1-800-424-1740
- **PaySpan** 1-877-331-7154, option 1
- **Zelis** 1-866-489-9444



Thank you!

