May 25, 2023

MAPAM

Annual All Payer Meeting

Presented by: Stephanie Forde

fallonhealth

Agenda

- About Fallon Health
- Fallon Health Products and 2023 Highlights
- Doing Business in 2023
- Connection
- Questions

Dedicated to providing excellent service

- Fallon Health representative assigned to each provider
- 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.

About Fallon Health

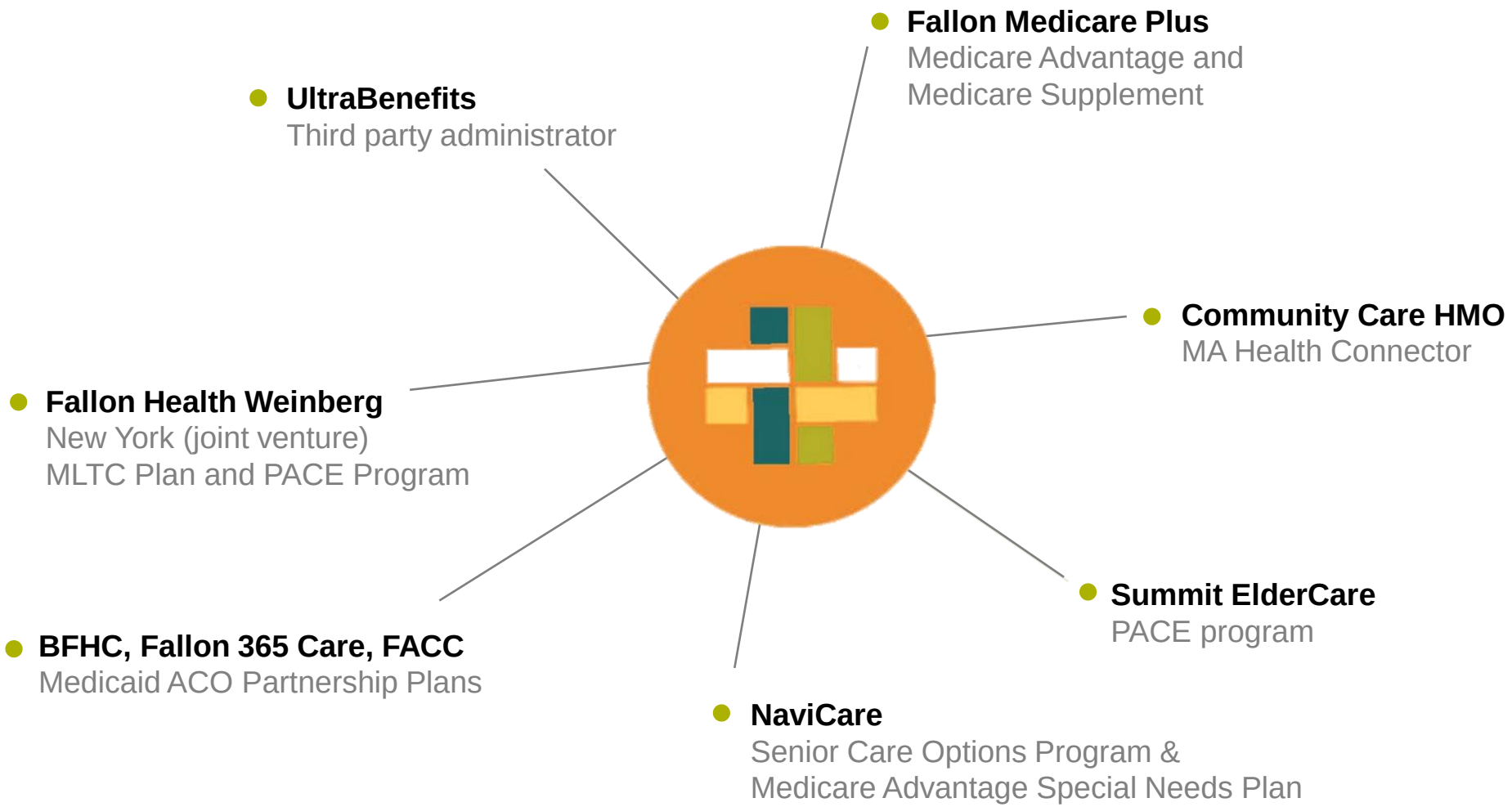
- Started as a provider-based organization—founded in conjunction with the Fallon Clinic (now Reliant Medical Group) in 1977—Fallon Health is a **leading, not-for-profit, health care services organization that has been caring for MassHealth members for more than 45 years.**

- In addition to **offering innovative health insurance solutions** and a variety of Medicaid and Medicare products, we **excel in creating unique health care programs and services** that provide coordinated, integrated care for seniors and individuals with complex health needs.

- Our continued commitment to deliver high-quality health care and exceptional customer service has earned Fallon **consistent rankings from the National Committee for Quality Assurance (NCQA*) as one of the nation's highest-rated health plans.**

**NCQA is an independent, not-for-profit organization dedicated to measuring the quality of America's health care, not affiliated with Fallon Health. More information can be found at www.ncqa.org.*

Fallon Health – more than a health plan



Corporate headquarters in Worcester, Mass.; Summit ElderCare locations in Leominster, Lowell, Springfield, Webster and Worcester. In New York, we serve Erie and Niagara counties.

Fallon Health products

Individual and small group

- Community Care

Dual Eligible

- NaviCare® SCO and HMO SNP

MassHealth Accountable Care Organization (ACO)

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

Medicare

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

Program of All-inclusive Care for the Elderly (PACE)

- Summit ElderCare®

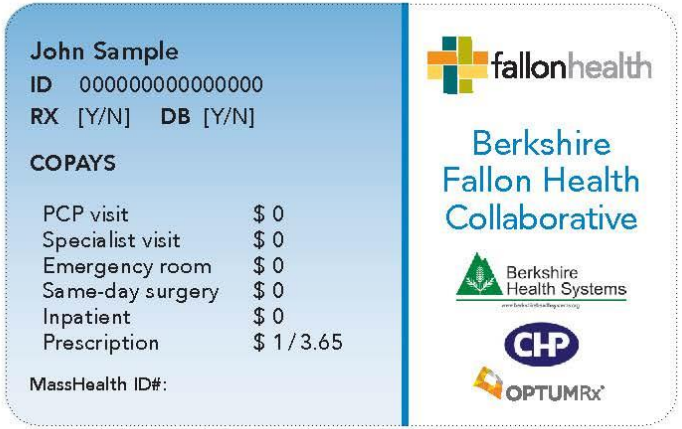
2023 benefit highlights

MassHealth ACO plans – BFHC

Berkshire Fallon Health Collaborative (BFHC)

Continued partnership

- Members must choose a PCP from the BFHC network.
- PCP referrals are not required for specialty care when referred to a BFHC Core provider.
- PCP referrals are required for BFHC Affiliate providers.
- Out-of-network services, including specialty care visits, require prior authorization from plan
- Members are not eligible for It Fits! or infertility treatment.

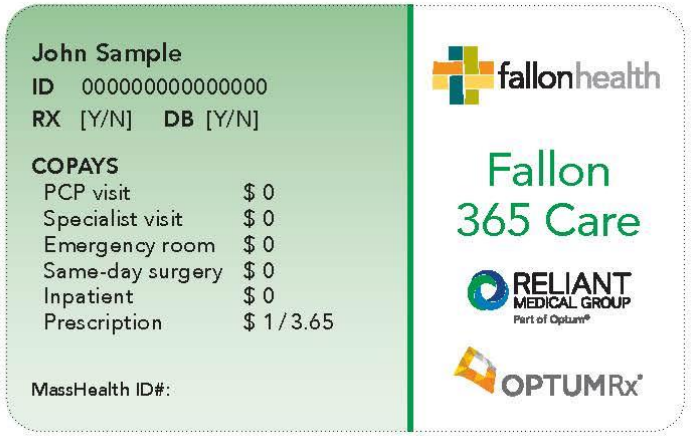


MassHealth ACO plans – Fallon 365 Care

Fallon 365 Care

Continued partnership

- Members must choose a PCP from the Fallon 365 Care network.
- PCP referral is not required for specialty care within Reliant Medical Group or Southboro Medical Group
- PCP referral is required for specialty care outside of Reliant Medical Group, even if the provider is a contracted Fallon 365 Care network provider.
- Out-of-network authorization is required for all out-of-network services including specialist visits.
- Members are not eligible for It Fits! or infertility treatment.

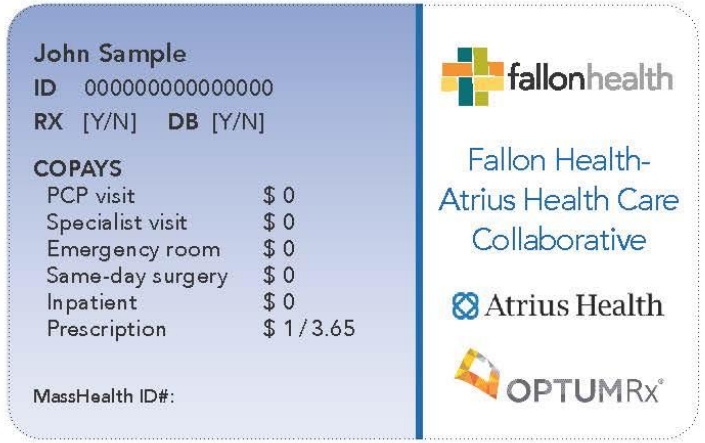


MassHealth ACO plans – FACC

Fallon Health-Atrius Health Care Collaborative (FACC)

New partnership with Atrius Health as of 04/01/2023

- Members must choose a PCP from the Fallon Health-Atrius Health Care Collaborative (FACC) network.
- FACC members may have an internal PCP referral to any specialist within Atrius Health
- Services to an affiliated FACC provider will require a PCP referral through ProAuth.
- Out-of-network authorization is required for all out-of-network services including specialist visits.
- Members are not eligible for It Fits! or infertility treatment.



NaviCare®

Two plan options

- Medicare Advantage HMO Special Needs Plan (SNP)
- Senior Care Options (SCO) program

Plan details

- Health care plans for those age 65 and older
- Combines health care services covered through MassHealth Standard and Medicare Parts A, B and D (Rx)
- Authorize, deliver and coordinate all services
  - Primary, acute and specialty care, community and institutional long-term care, behavioral health, medical transportation, Rx coverage and supportive care at home

NaviCare includes all benefits offered by:

- MassHealth Standard
- Medicare Parts A and B
- Medicare Part D prescription drugs

And much more

- Member-specific health services not traditionally covered by Medicare or Medicaid

Self-Care Card—New for 2023!

- With the preloaded Self-Care card, members **get $50 to spend each calendar quarter** (*up to $200 a year*) to buy personal care items and groceries.
- Members can buy items like soap, deodorant, shampoo, conditioner, and more. They can also use the card to buy food products like rice, beans, meat, fish, vegetables, beverages, and more.
- Purchases can be made over the phone, at stores like CVS Pharmacy, Dollar General, Family Dollar, Walgreens, and Walmart, or online with free home delivery.

Note: the allowance does not roll over from quarter to quarter.

In-Home Support Services—New for 2023!

- Inclusion of Papa Pals program to all NaviCare members – ***up to 60 hours per calendar year***!
- Papa connects members with Pals for companionship and assistance with everyday tasks.
- Papa Pals curated network of friendly, youthful individuals provide non-skilled services inside the home and virtually; hands-on approach provides unique approach to reducing social isolation and loneliness.
- Services include but are not limited to assisting members with:

Technology Assistance technical guidance for computers, smartphones, online programs, and smart health devices

Light House Chores provider appointment reminders, putting away groceries, meal preparation and pet care

Transportation running errands, grocery shopping, medication pick-up, and medical appointments

Medicare Advantage HMO individual plans

Fallon Medicare Plus Central*

(Worcester County only)

Fallon Medicare Plus **Central** Green HMO

Fallon Medicare Plus **Central** Blue HMO

Fallon Medicare Plus**

(All MA counties except Dukes and Nantucket)

Fallon Medicare Plus Orange HMO

Fallon Medicare Plus Green HMO

Fallon Medicare Plus Blue HMO

Fallon Medicare Plus Super Saver HMO

Fallon Medicare Plus Saver No Rx HMO

**Card color may be green or blue based on plan benefits*

***Card color may be orange, green, or blue based on plan benefits*

New Benefits – Fallon Medicare Plus and Fallon Medicare Plus Central

- All Fallon Medicare Plus (FMP) and FMP Central members with Orange*, Green, and Blue plans have enhanced dental benefits in 2023.
  - The Orange* plan now includes preventive and comprehensive dental coverage, similar to the Green and Blue plans.
  - Members pay $0 for preventive dental coverage with their Orange*, Green, or Blue plan.

- FMP Orange* members have an increased OTC benefit (through Benefit Bank) of $150 per calendar year—a $50 increase from 2022.

- FMP Green members' PCP and Urgent Care copayments were reduced to $15 per visit, and the prescription deductible has been reduced to $250.

**Orange* plan not available with FMP Central.*

Doing business in 2023

MassHealth redetermination

MassHealth members will need to renew their health coverage.

Why is this so important?

- Due to continuous coverage requirements that started during the COVID-19 emergency, MassHealth has been maintaining members' coverage and benefits, but has started return to normal renewal operations. All MassHealth members will have to renew their coverage. If MassHealth has enough information to confirm eligibility, coverage will be renewed automatically. If MassHealth is not able to confirm eligibility automatically, they will send a renewal form in a **blue** envelope to the mailing address they have on file.

What can your patients do now?

- Make sure MassHealth has their current address, phone number, and email so they don't miss important information and notices from MassHealth.
- Report any household changes to MassHealth. These changes could include a new job, address, changes to income, disability status, or pregnancy.

MassHealth redetermination *(continued)*

MassHealth members under 65 years old can update their information with MassHealth online at https://www.mahix.org/individual/. If they don't already have a MA Login Account, they can visit https://www.mass.gov/masshealth-ma-login-accounts .

MassHealth members age 65 and older can renew by mail or fax, or by scheduling an in-person appointment with a MassHealth representative or Enrollment Assister. Appointments can be scheduled at https://www.mass.gov/info-details/schedule-an-appointment-with-a-masshealth-representative .

What happens next?

- Over the next 12 months, people with MassHealth should watch their mail for a **blue** envelope.
- If someone receives a **blue** envelope, they must be sure to open it and follow the instructions provided by MassHealth.
- People should be on the lookout for scams! Scammers might pretend to be from a legitimate organization or a government agency.

If individuals with MassHealth coverage don't respond to MassHealth when they get the request to renew—or if they no longer qualify for MassHealth—they'll lose their MassHealth coverage.

Referrals for Fallon Medicare Plus, Fallon Medicare Plus Central, and NaviCare

Effective July 1, 2023, PCP referrals for specialty care will once again be required for Fallon Medicare Plus, Fallon Medicare Plus Central, and NaviCare plans.

PCP action required:

- PCP confirms they are the PCP of record in **Proauth**
- 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** referral and authorization 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).*

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

Referrals for Fallon Medicare Plus, Fallon Medicare Plus Central, and NaviCare

Effective July 1, 2023, PCP referrals for specialty care will again be required for Fallon Medicare Plus, Fallon Medicare Plus Central and NaviCare plans.

Specialist action required:

- 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.

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

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

MassHealth ACO and Community Care referral requirements

- Referral requirements for our MassHealth ACO plans (Berkshire Fallon Health Collaborative, Fallon 365 Care, and Fallon Health-Atrius Health Care Collaborative) remain paused. Please watch for future communication.

- PCP referrals for specialty care for Community Care continue to be required using the NPI number of the PCP.

Please note: Out-of-network care continues to require a plan Prior Authorization request submitted through Proauth.

ProAuth tool

The ProAuth tool is for providers to enter referrals, prior authorizations, and submit clinical documentation.

Types of requests include:

- **PCP Referral** - submitted by PCP offices
  - Fallon Medicare Plus, Fallon Medicare Plus Central, Navicare, Fallon 365 Care, Berkshire Fallon Health Collaborative, and Fallon Health-Atrius Health Care Collaborative
- **Out of Network Authorization Request** - submitted by PCP offices
  - All products
- **Specialty Care/Procedures** - submitted by the provider who will be performing procedure or for a procedure code that requires Prior Authorization
  - All products
  - Use the Fallon Health procedure code look up tool to check Prior Authorization requirements: http://www.fchp.org/providertools/lookup/

Fallon Health prefers all PCP referrals and Prior Authorization requests (with supporting documentation) to be submitted via ProAuth.

Benefits to using ProAuth

- **Better turnaround time**—no phone calls, no printing, and no faxing!
- **Track the status** of your referral or prior authorization requests at any time, real-time
- **PCP referrals are auto approved**
- **Attach your documentation** for Prior Authorizations
- **Allows Fallon Health to process requests more efficiently**

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…

- By completing the ProAuth Enrollment form and email to AskFCHP@fallonhealth.org or sent 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.**

ProAuth training

- **Live webinars**—check out our website under *News and Announcements* for dates and times:
  - http://www.fchp.org/en/providers.aspx

- Helpful ProAuth FAQs can be found on our website:
  - http://www.fchp.org/providers/resources/proauth-help.aspx

Home health care prior authorization

Effective July 1, 2023, Fallon Health will enforce the following requirements:

- Skilled nursing services prior authorization requests may be submitted for up to 30 days per episode with supporting documentation.
- Skilled occupational therapy, physical therapy, and speech therapy prior authorization requests may be submitted for up to 30 days per episode with supporting documentation.
- Medication assistance visits require prior authorization (covered benefit for MassHealth ACO and NaviCare®).

Please note:

- Speech Therapy and Medical Social Worker services do not stand alone, and a member must be receiving skilled nursing or physical therapy services for these requests to be submitted with supporting documentation.
- Homemaker services are not a covered skilled service.

COVID-19 updates

- With the end of the Public Health Emergency, we continue to monitor the bulletins of regulatory agencies to remain consistent for our Medicare and Medicaid based products.
- **Effective July 10, 2023, the Community Care claims filing limit will revert back to 120 days.**
- Future changes and updates will be announced.

Telehealth

- Fallon Health is currently working on a post pandemic payment policy which will reflect guidance from Medicare and MassHealth including, but not limited to:
  - Provider specialties permitted to conduct telehealth visits
  - Providers permitted to conduct audio only telehealth visits
  - Use of patient home as the originating site

- Providers should continue to use Places of Service 02 and 10 to indicate telehealth visits and can elect to use modifier 95 (can be used but not required).

- Currently Fallon Health still reimburses telehealth visits equal to the in-person visit rate

Utilization Management

As of June 1, 2023, Fallon Health will be expanding our use of InterQual® criteria to include the following modules:

- InterQual CP Procedures
- InterQual CP Durable Medical Equipment
- InterQual Medicare Durable Medical Equipment
- InterQual Medicare Procedures
- InterQual Medicare Molecular Diagnostics and Labs

These criteria will be used by our authorization team to determine coverage for procedures—including surgeries, invasive procedures, equipment, and molecular diagnostic testing.

Providers will be able to access these criteria in the provider section of our website on June 1, 2023.

Keeping your information current—CAQH

Fallon Health is committed to ensuring we have the most accurate information in our provider directories.

Fallon along with many other payors in the state, we continue to work with HealthCare Administrative Solutions, Inc. (HCAS) and CAQH for a more streamlined process for directory updates.

Provider tasks:

1. Please verify Fallon Health is a plan you do business with in the DirectAssure system.
2. Please review and attest to your directory information every 90 days.

CAQH is engaging providers to review and maintain up-to-date provider directory information via email. Your prompt attention to these emails, reviewing your information and attesting to the data, is of the utmost importance to ensure that your patients have access to accurate provider demographic information when care is needed.

For more information about DirectAssure, please visit HCAS.

Name change for Beacon Health Options

In March 2023, Beacon Health Options (“Beacon”) rebranded as Carelon Behavioral Health Strategies, LLC.

- For your patients, this name change will not change their plan or coverage.
- All contracts, policies, and procedures will remain unchanged.
- All existing phone numbers, emails, websites, and portals will redirect with no new reregistration required.

Fallon Health keeps you connected

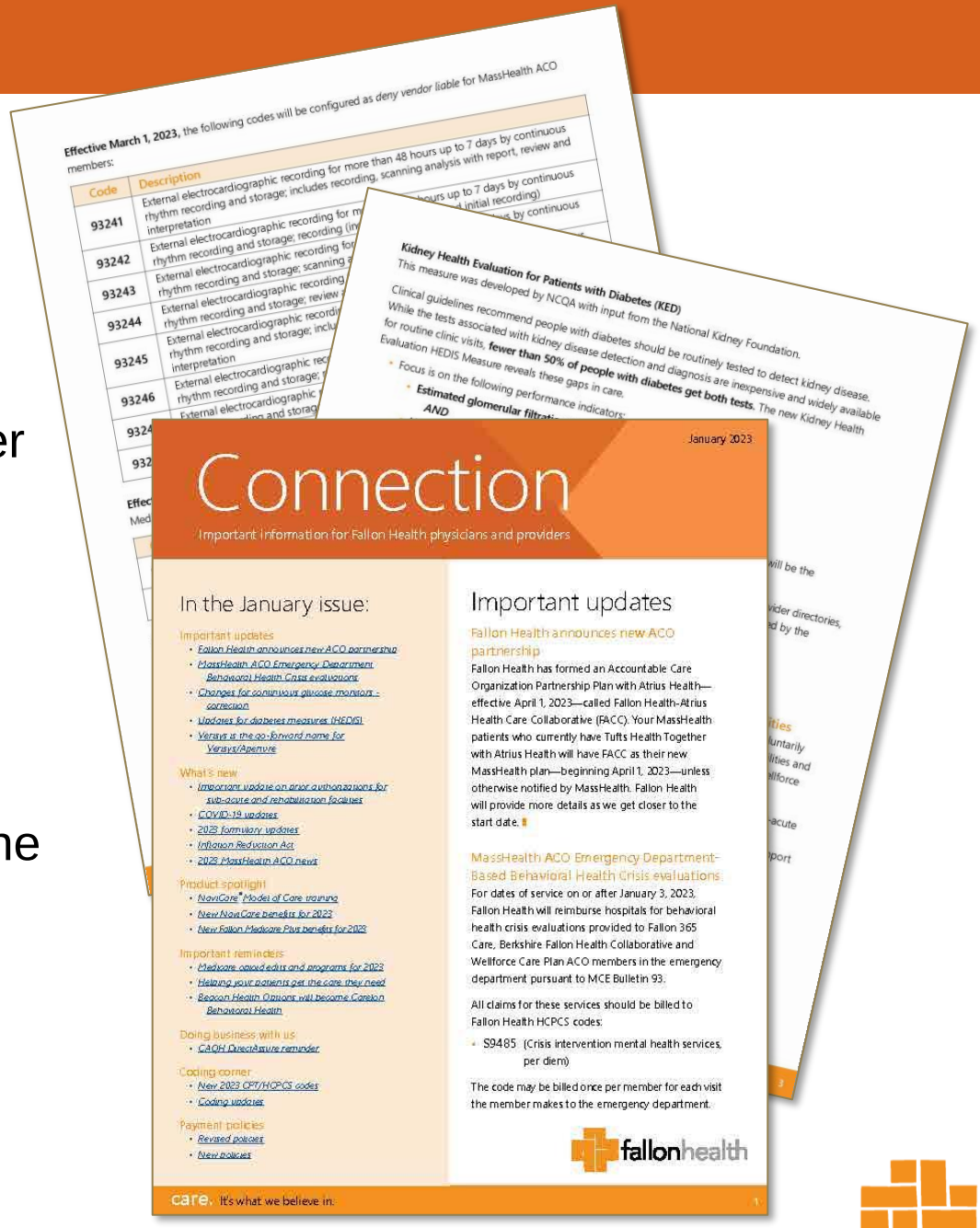
Keeping you connected

Connection

- Electronic quarterly newsletter; fallonhealth.org/providers/connection-newsletter
- Updates
- New information
- Policies
- 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 Provider Relations | 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** *(formerly Beacon Health Options)*	1-781-994-7556
• **CareCentrix**	1-866-827-2469
• **Dental Benefit Providers (DBP)**	1-800-822-5353
• **EyeMed Vision Care**	1-800-521-3605
• **HealthCare Administrative Solutions, Inc (HCAS)**	1-617-246-6451
• **eviCore**	1-888-693-3211
• **Zelis**	1-866-489-9444

Website information

Our website, www.fallonhealth.org, is full of useful information and tools you can use.

- General information is available without a username and password, for instance:
  - Provider manual
  - Forms
  - Payment Policies
  - News and Announcements
  - Connection Newsletters

- Fallon Health EDI provider tools such as PCP panel reports, eligibility tool, and claim metrics reports do require a username/password.
  - Sign up directly online- Registration for first time users
  - ProAuth sign up- https://www.fchp.org/providertools/ProAuthRegistration

Thank you!