Fallon and you

Providing care and services to those who need them most.

MAPAM, May 2022

fallonhealth

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.

Agenda

- About Fallon Health
- Fallon Health Products
- 2022 Product Highlights and Changes
  - Navicare- benefit changes
- Doing Business in 2022
  - Claims Xten
  - Zelis
  - Optum RX- new PBM
  - Covid 19 updates
  - No Surprises Act (NSA)
- Connection

About Fallon Health

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**

- **Mission** | *Improving health and inspiring hope*

- Consistently rated as **one of the nation's top health plans for our Medicaid, Medicare and private (Commercial) products**, according to the National Committee for Quality Assurance (NCQA)*

- Fundamental understanding of the integrated delivery system—it's in our DNA

- We live, and work, in the communities we serve.

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

Shift in our focus

- In order to focus on programs that serve older adults and lower-income individuals, Fallon began transitioning membership off of our commercial plans last July and will continue this transition through 2022.

- This focus will leverage our expertise and experience to provide integrated and coordinated care, coverage and services to high-needs individuals.

- Products Fallon will focus on include:
  - Medicare Advantage
  - Senior Care Options (SCO) Program
  - MassHealth Accountable Care Organization (ACO) Partnership Plans
  - Program of All-Inclusive Care for the Elderly (PACE)
  - Community Care

What this means for our providers—business as usual

- Commercial lines of business will be in effect through December 2022; membership in Direct Care, Select Care, Steward Community Care and Fallon Preferred Care will be reduced as employer groups reach their anniversary dates.
- There will be a standard run-out period for your business needs—claims corrections, appeals, etc.
- Contract renewals are being managed to address the timeline mentioned above.
- Contact your Provider Relations Representative or Contract Manager with questions.

Fallon Health plans

Commercial Plans

- Direct Care
- Select Care
- Fallon Preferred Care
- Steward Community Care

Customized Employer Groups

- Harrington Advantage PPO
- Harrington HHCA 2 ACA
- The City of Worcester Advantage
  - Direct Plan (Direct Care)
  - Advantage Plan (Select Care)

MassHealth Standard Eligible Seniors

- NaviCare® HMO SNP- Medicare/Medicaid eligible
- NaviCare® HMO SCO- Medicaid Standard eligible

Individual health plans

- Community Care

ACO Medicaid Plans:

- Berkshire Fallon Health Collaborative (BFHC)
- Fallon 365 Care
- Wellforce Care Plan

Medicare

- Fallon Medicare Plus Central HMO
- Fallon Medicare Plus
- Fallon Medicare Plus Central Premier HMO
- Fallon Medicare Plus Supplement
- Fallon Medicare Plus Freedom
- Summit ElderCare®

2022 Navicare Product Highlights and Benefit Updates

NaviCare® 2022 plan

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)—and more
- 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

NaviCare® 2022 new benefits

- Health club/fitness reimbursement up to $400 towards a fitness tracker, cardiovascular fitness equipment and/or a membership in a qualified health club or fitness facility.
- $0 for the health and wellness kit
- Web/phone-based technologies: There is no copayment for covered web/phone-based technology services.
- Up to $570 toward the purchase of eyewear for up to two pairs of supplemental eyewear every year.
- Friends and Family Reimbursement through CTS where members can get mileage reimbursed for medical and non-medical trips
- Mail-order service allows members to order up to a 100-day supply

http://www.fchp.org/providers/pharmacy/online-drug-formulary.aspx

Healthy Food Card incentive program

Continuing in 2022, NaviCare members can earn up to $100 annually for completing qualified health activities.

- NaviCare members may earn money for the Healthy Food Card by completing certain activities, like going to the doctor for an annual visit and/or getting certain vaccinations.
- Members receive $50 for completing each of the following:
  - Seeing their PCP for an annual physical exam or annual wellness visit
  - Obtaining one of the following vaccinations: flu, pneumococcal, shingles, Tdap, COVID-19 vaccine
- If one activity is completed, the card will be worth $50, for both activities, it will be worth $100.
- This card may be used to buy healthy food items such as: vegetables, fruit, milk, meats and seafood. A full list of eligible items is available at healthyfoodcard.com.
- The Healthy Food Card can be used at any of the following stores: CVS Pharmacy, Dollar General, Walmart, Rite Aid, Walgreens, Family Dollar.

Save Now card

- Can be used to purchase specified over-the-counter (OTC) medicines and other health-related items **without a script.**

- **For 2022, up to $150 quarterly ($600 annually)**
  - Note: this amount does not roll over from quarter to quarter – must be used or is ‘lost’.

- **Covered items include**
  - Probiotics
  - Pain relief medications
  - Cough, cold and allergy
  - Multi-vitamins
  - Fish oil
  - Diabetic care
  - First aid products
  - Oral care (i.e., toothpaste, toothbrush)
  - Denture products
  - Sunscreen

Doing business in 2022

Claims Xten

ClaimCheck to ClaimsXten transition

In early March 2022, Fallon Health transitioned from ClaimCheck® to ClaimsXten™ claim review software.

ClaimsXten will allow Fallon Health to utilize regulatory and industry standard claims management with the ability to:

- reference historical claims data
- efficiently bundle and pay eligible claim lines into a single, comprehensive procedure code

This will assist in adjudicating claims in a manner that is:

- organized
- cost effective
- and follows applicable regulatory requirements pertaining to coverage and benefits

Zelis enhancements

Currently, all Zelis corrected claims and appeals are being sent directly to Zelis.

Effective 5/26/22, all corrected claims should be sent to Fallon Health directly.

- Electronic claims should be submitted with a frequency code 7 for professional claims and bill type 7 for UB submitted claims.
- Paper Corrections should have a Request for Claim Review Form attached.
- Everything that has previously been sent to Zelis will be processed without any additional need to resubmit.

Appeals should still be sent to Zelis directly and must be submitted on paper with a Request for Claims Review Form.

Request for Claim Review Form and Reference Guide

Zelis Claims Integrity, Inc.
2 Crossroads Drive
Bedminster, NJ 07921
Attn: Appeals Department
Fax: 1-855-787-2677

All questions related to Zelis edits should go to Zelis at 866-489-9444.

OptumRx New PBM

OptumRx is our new Pharmacy Benefits Manager (PBM)

- Fallon Health's pharmacy benefits manager is now OptumRx, effective January 1, 2022.
- All Fallon members received new ID cards with the updated PBM information

Prior authorizations

- Active prior authorizations were transferred from CVS Caremark to OptumRx automatically.
- For more information about OptumRx prior authorizations:
  - https://professionals.optumrx.com/prior-authorization.html
  - https://professionals.optumrx.com/resources/manuals-guides/pa-guidelines-procedures.html
  - https://professionals.optumrx.com/prior-authorization/prior-authorization-lob.html

OptumRx Home Delivery

- Fallon Medicare Plus, Fallon Medicare Plus Central, Commercial and MA Health Connector members using CVS Caremark for mail order prescriptions should have switch to OptumRx Home Delivery.
- Prescriptions with available refills have transitioned to OptumRx automatically, with the exception of controlled substances.

There are three options for prescribing with OptumRx Home Delivery:

1. **ePrescribe** – Add the OptumRx profile in your electronic medical record (EMR) system using the following information:

   OptumRx Mail Service

   2858 Loker Ave. East, Suite 100

   Carlsbad, CA 92010

2. **Call an OptumRx pharmacist** at 1-800-791-7658

3. **Fax *(for prescription submissions only – no PAs):*** 1-877-342-4596

OptumRx Specialty

- Fallon 365 Care, Wellforce Care Plan, Berkshire Fallon Health Collaborative, Commercial and MA Health Connector members with CVS Caremark specialty pharmacy should have to switch to OptumRx Specialty.
- Prescriptions with available refills were transitioned to OptumRx automatically, with the exception of controlled substances.

Prescribing for specialty medications

1. Phone: 1-855-427-4682
2. Address: P.O. Box 2975, Mission, KS 66201
3. Fax (for prescription submissions only – no PAs): 1-877-342-4596 For more details about submitting prescriptions to OptumRx, check out this guide.

For more details about submitting prescriptions to OptumRX, use the following link:

https://professionals.optumrx.com/resources/manuals-guides/successful-prescription-submission.html

OptumRx contact information

Provider ePrescribe for mail order:	**Mail order (3 options):**	**Specialty pharmacy (2 options):**
Pharmacy: OptumRx Mail Service Address: OptumRx Mail Service 2858 Loker Ave. East, Suite 100, Carlsbad, CA 92010 Identifiers: NCPDP ID = 0556540 PID = P00000000020173	**(Not available with MassHealth ACO plans – Berkshire Fallon Health Collaborative, Fallon 365 Care and Wellforce Care Plan)** Commercial: 1-844-720-0035 FMP/NC/SE: 1-844-657-0494 OptumRx P.O. Box 2975 Mission, KS 66201 Fax: 1-800-491-7997	Phone: 1-855-427-4682 Address: OptumRx P.O. Box 2975 Mission, KS 66201 Fax (for prescription submissions only – no PAs): 1-877-342-4596

Prior Authorization requests: Line of business	Phone /Fax
Commercial Plans	Phone 1-844-720-0035 / Fax 1-844-403-1029
Medicaid ACO Plans	Phone 1-844-720-0033 / Fax 1-844-403-1029
Medicare Plans (FMP/NC/SE)	Phone 1-844-657-0494 / Fax 1-844-403-1028

Covid-19 resources

- Provider Frequently Asked Questions (FAQ) can be found on our website at: http://www.fchp.org/en/providers.aspx

- Payment Policies related to Covid-19 can be found on our website at: http://www.fchp.org/providers/criteria-policies-guidelines/payment-policies.aspx

COVID-19 At Home Tests

- Fallon Health began covering over-the-counter COVID-19 tests for all Fallon members whose plan includes a pharmacy benefit as of January 15, 2022.
- Members can present their ID card at any network pharmacy to obtain an at home test.
- Members can get up to 8 individual tests per month.
- Dependent on product line, members can submit for reimbursement for tests paid out of pocket.
  - Fallon Medicare Plus, Fallon Medicare Plus Central, Commercial

For more information see our website:
https://www.fchp.org/covid-tests.aspx

Covid testing

- Fallon Health covers medically necessary PCR and antigen tests at no cost when ordered by a physician.

- Specimen collection for Medicaid and Navicare was separately reimbursed in accordance with Medicaid guidance through 3/31/22.

Telehealth/Telemedicine during the Public Health Emergency

- Fallon will continue to waive all member cost-sharing for COVID-19 related medically necessary telehealth services only, until further notice.
- For non-COVID related telehealth visits, member cost-sharing will apply.
- Report telehealth services with a Place of Service 10 as applicable and note the revised description of Place of Service 02

Place of Service Code(s)	Place of Service Name	Place of Service Description
02	Telehealth Provided Other than in Patient's Home	The location where health services and health related services are provided or received, through telecommunication technology. Patient is not located in their home when receiving health services or health related services through telecommunication technology. (Description change effective January 1, 2022)
10	Telehealth Provided in Patient's Home	The location where health services and health related services are provided or received, through telecommunication technology. Patient is located in their home (which is a location other than a hospital or other facility where the patient receives care in a private residence) when receiving health services or health related services through telecommunication technology. (This code is effective January 1, 2022)

Telehealth/Telemedicine during the Public Health Emergency

- When a Preventive Medicine Service has been delivered via telehealth and reimbursed by Fallon Health:
  - **For NaviCare members**, Fallon will reimburse one in-person follow-up Evaluation & Management (E/M) Service to complete the components of the Preventive Medicine Service not performed on the day of the Preventive Medicine Service. The follow-up E/M Service can be billed with CPT code 99211, 99212 or 99213, depending on the complexity of the visit. Additional services, such as immunization administration and visual acuity screening, may be reported in addition to the E/M Service.
  - **For Commercial and Fallon Medicare Plus members**: Fallon will not reimburse an additional Preventive Medicine Service or E/M Service to complete components of the Preventive Medicine Service not performed via telehealth. Immunization administration and visual acuity screening will be reimbursed.

- For more specifics, please refer to our Telemedicine payment policy at: http://www.fchp.org/providers/criteria-policies-guidelines/payment-policies.aspx

- CMS is granting a 5-month extension for Medicare members after public health emergency expires (At this time the public health emergency is extended through 7/15/22.)

Reminder-Billing for Vaccine and Monoclonal Antibody Administration

Fallon Medicare Care Plus, Fallon Medicare Care Plus Central, Fallon Navicare SNP, and Summit Elder Care

- Effective January 1, 2022, Providers bill Fallon Health directly for the administration (no longer bill the CMS Medicare Administrative Contractor)

For Fallon 365 Care, Berkshire Fallon Health Collaborative, Wellforce Care Plan, Navicare SCO

- Providers submit a claim to Fallon Health for the vaccine administration with an accompanying claim line for the vaccine with an SL modifier and a charge of $0.00

For Commercial members

- Providers should submit a claim to Fallon Health for the vaccine administration

Sequestration

CMS extended the suspension of the payment reduction through March 31, 2022. Fallon Health will implement the reduction on Fallon Medicare Plus and Fallon Medicare Plus Central applicable payments as follows:

- Effective 4/1/22-6/30/22—a 1% reduction
- Effective 7/1/22—a 2% reduction

Preparing for End of Federal Public Health Emergency-PCP Referrals

When the Federal public health emergency comes to an end (currently slated for 7/15/22), we will begin arrangements to resume the need for a PCP referral submission into ProAuth for:

- Fallon Medicare Plus
- Fallon Medicare Plus Central
- NaviCare
- Fallon 365 Care
- Berkshire Fallon Health Collaborative

In preparation:

- Please ensure your ProAuth log in is still active
- Please ensure you are familiar with the process

Please see our ProAuth FAQ for guidance.
https://www.fchp.org/en/providers/resources/proauth-help.aspx

ProAuth Tool

The ProAuth tool is for providers to enter referrals, prior authorizations, and submit clinical documentation in lieu of the Standardized Request for Authorization Form.

Types of requests include:

- **PCP Referral** - submitted by PCP offices
  - Fallon Medicare Plus, Fallon Medicare Plus Central, Navicare, Fallon 365 and Berkshire Health 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 requires all PCP referrals and Prior Authorization requests (with supporting documentation) to be submitted via ProAuth.

*** SNF and Long-Term Care facilities can not use ProAuth at this time.***

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

Sign up for ProAuth

- **ProAuth access enrollment requests** for new users can be filled out and submitted online 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 applications received will be processed within 14 business days.

- New users will receive an email with login/account activation along with instructions on how to use ProAuth.

***** New users must login within 7 days of receiving this email.*****

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

No Surprises Act (NSA)

- No Surprises Act and Massachusetts Chapter 260 supports no balance billing to a member for expenses related to out-of-network emergency facility and professional services, out-of-network services delivered in an in-network facility, unless notice and consent provided, and all air ambulance transport services.

- The NSA applies only to commercial members enrolled in plans that are new or renewed as of January 1, 2022. For Fallon Health, this means that Community Care members will be the only members impacted.

- Fallon Health is working with a vendor, ClearHealth, to assist with administering the Qualified Payment Amount (QPA) paid to providers.

- The Remittance Advise Summary (RAS) will note on a claim line level that the service is being paid according to QPA. Additional information will be provided regarding Provider Adjustments and Appeals, which will be included with the RAS.

- The No Surprises Act also includes a requirement for the Health Plans to verify provider information every 90 days and for providers to validate this information.
  - This is done though the CAQH Proview, DirectAssure system.
  - For more information about the CAQH process please visit: https://www.hcasma.org/Directory.htm

Fallon keeps you connected

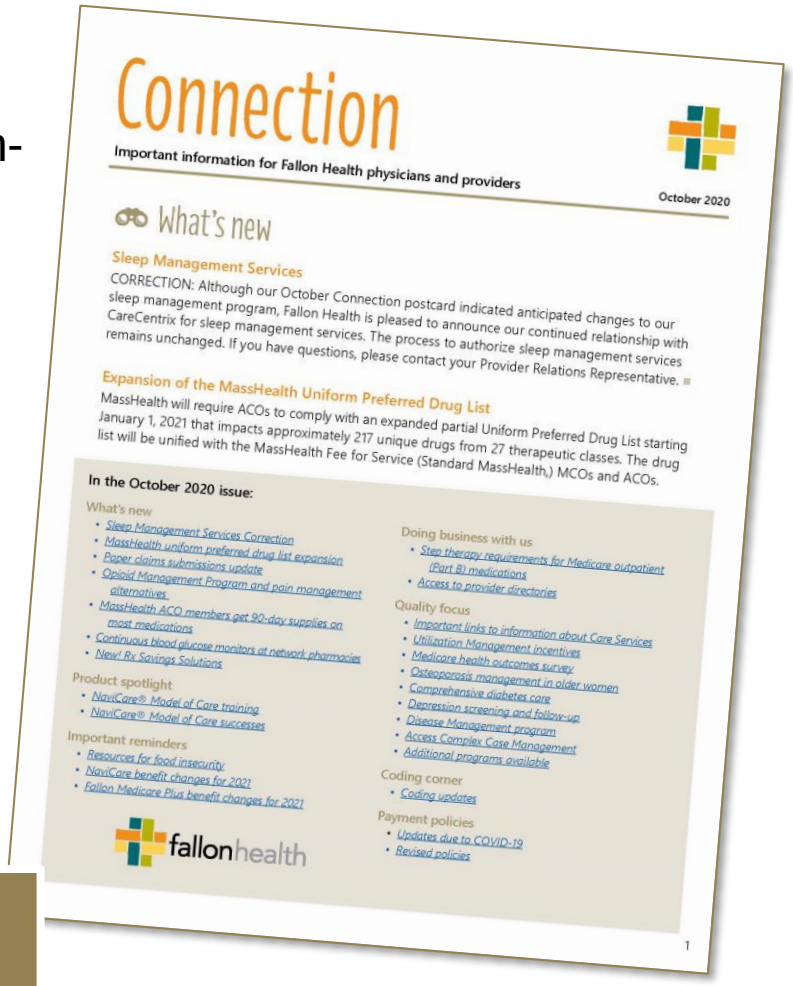
Fallon keeps you connected

Connection

- Electronic quarterly newsletter; fallonhealth.org/providers/connection-newsletter

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.

- Updates
- New information
- Policies
- Additional information



Connection

Important information for Fallon Health physicians and providers

October 2020

What's new

Sleep Management Services

CORRECTION: Although our October Connection postcard indicated anticipated changes to our sleep management program, Fallon Health is pleased to announce our continued relationship with CareCentrix for sleep management services. The process to authorize sleep management services remains unchanged. If you have questions, please contact your Provider Relations Representative.

Expansion of the MassHealth Uniform Preferred Drug List

MassHealth will require ACOs to comply with an expanded partial Uniform Preferred Drug List starting January 1, 2021 that impacts approximately 217 unique drugs from 27 therapeutic classes. The drug list will be unified with the MassHealth Fee for Service (Standard MassHealth) MCOs and ACOs.

In the October 2020 issue:

What's new
- Sleep Management Services Correction
- MassHealth uniform preferred drug list expansion
- Paper claims submissions update
- Opioid Management Program and pain management alternatives
- MassHealth ACO members get 90-day supplies on most medications
- Continuous blood glucose monitors at network pharmacies
- New! Rx Savings Solutions

Product spotlight
- NaviCare® Model of Care training
- NaviCare® Model of Care successes

Important reminders
- Resources for food insecurity
- NaviCare benefit changes for 2021
- Fallon Medicare Plus benefit changes for 2021

Doing business with us
- Step therapy requirements for Medicare outpatient (Part B) medications
- Access to provider directories

Quality focus
- Important links to information about Care Services
- Utilization Management incentives
- Medicare health outcomes survey
- Osteoporosis management in older women
- Comprehensive diabetes care
- Depression screening and follow-up
- Disease Management program
- Access Complex Case Management
- Additional programs available

Coding corner
- Coding updates

Payment policies
- Updates due to COVID-19
- Revised policies

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

Contacting Fallon

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 Relations**
- Prompt 5 | **Pharmacy Services**
- Prompt 6 | **EDI Coordinators and ProAuth Support**

Fallon Health business partners

• **American Specialty Health (ASH)**	1-800-972-4226
• **Beacon Health Options**	1-781-994-7556
• **Care Centrix (CCX)**	1-866-827-2469
• **Dental Benefit Providers (DBP)**	1-800-822-5353
• **EyeMed Vision Care**	1-800-521-3605
• **eviCore**	1-888-693-3211
• **HealthCare Administrative Solutions, Inc (HCAS)**	1-617-246-6451
• **Multiplan/PHCS**	1-866-416-6489
• **Optum Rx**	1-800-791-7658
• **Rx Savings Solutions**	1-800-268-4476
• **Zelis**	1-866-489-9444

Questions?

Thank you!