

NaviCare[®] HMO SNP

A Medicare Advantage Special Needs Plan

care. It's what we believe in.

Agenda

- What is NaviCare?
- NaviCare Model of Care
- NaviCare benefits
- Enrollment
- Important resources
- Keeping you connected

*Addendum – Doing Business With Fallon Health



What is NaviCare?



NaviCare is...

- Coordinated care and coverage for low-income individuals, ages 65 and older
- Enhanced benefits
 - Beyond MassHealth and Medicare coverage
- An innovative way to improve health and support independence
- Patient-centered model of care
- A team of professionals making a difference in the lives of low-income individuals and our most vulnerable or complex enrollees



NaviCare HMO SNP (Special Needs Plan)

In the state of Massachusetts, these types of plans are called Senior Care Options (SCO), however, for Fallon Health our specific plan offering is a Special Needs Plan (SNP).

- **Plan details**

- Health care plans for those age 65 and older
- Combine 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 MassHealth

- The cost for your patient? **\$0. No premiums, no copayments, no coinsurance, and no deductibles**



Value of NaviCare

Value to the **Member**

Combines and coordinates health care services covered through Medicaid and Medicare using a single ID card from NaviCare

Extra benefits: dentures, adult day health, transportation to doctor visits, transitions directly from home to SNF

Coordinated transitions of care

“Whole Person” model of care

\$0 premium, \$0 cost-sharing

Navigator is an advocate for the member and to their family

Value to the **Provider**

Dedicated Navigator for the member (patient): a single point of contact to support coordination of care and arrange services and appointments

Home visit health risk assessment with evaluation/plan for member's needs

Coordination of transitions of care

Administrative simplicity. No billing for Medicare or Medicaid



NaviCare eligibility

NaviCare HMO SNP (Special Needs Plan)

65 years or older

Lives in the
service area

Has Medicare Parts A and B,
plus MassHealth Standard

Prospects can't enroll if they:

have any other comprehensive health
insurance (except Medicare)

are subject to 6-month deductible period
as described by MassHealth Financial
Eligibility chapter *520.028 Eligibility for a
Deductible*

are a resident of an Intermediate Care
Facility for the developmentally disabled
or an inpatient of a chronic or
rehabilitation hospital

NaviCare members must receive care from a NaviCare-contracted Primary Care Provider (PCP).



NaviCare service area



NaviCare network

- **Members have access to our large network with over 27,000 contracted providers.**
 - Choose a PCP from the NaviCare network.
 - Receive PCP referrals for specialty care within the network.
- **NaviCare authorizes, delivers, and coordinates all services, such as:**
 - Primary care
 - Acute and specialty care
 - Short and long-term custodial care in a contracted nursing facility
 - Behavioral health
 - Transportation—medical and approved, non-medical rides
 - Prescription drug coverage
 - Long-term services and supports (*see slide 29*)



NaviCare Model of Care



NaviCare Model of Care

- **Goals**

- Improve quality, access, and coordination of care
- Enhance patient's quality of life, satisfaction, and autonomy
- Measure, evaluate, and implement interventions to improve patient care

- **Care Team**

- Coordinates benefits and services
- Develops and maintains care plan for each patient
- Ensures integration of medical and social services
- Composition varies depending on needs of patient



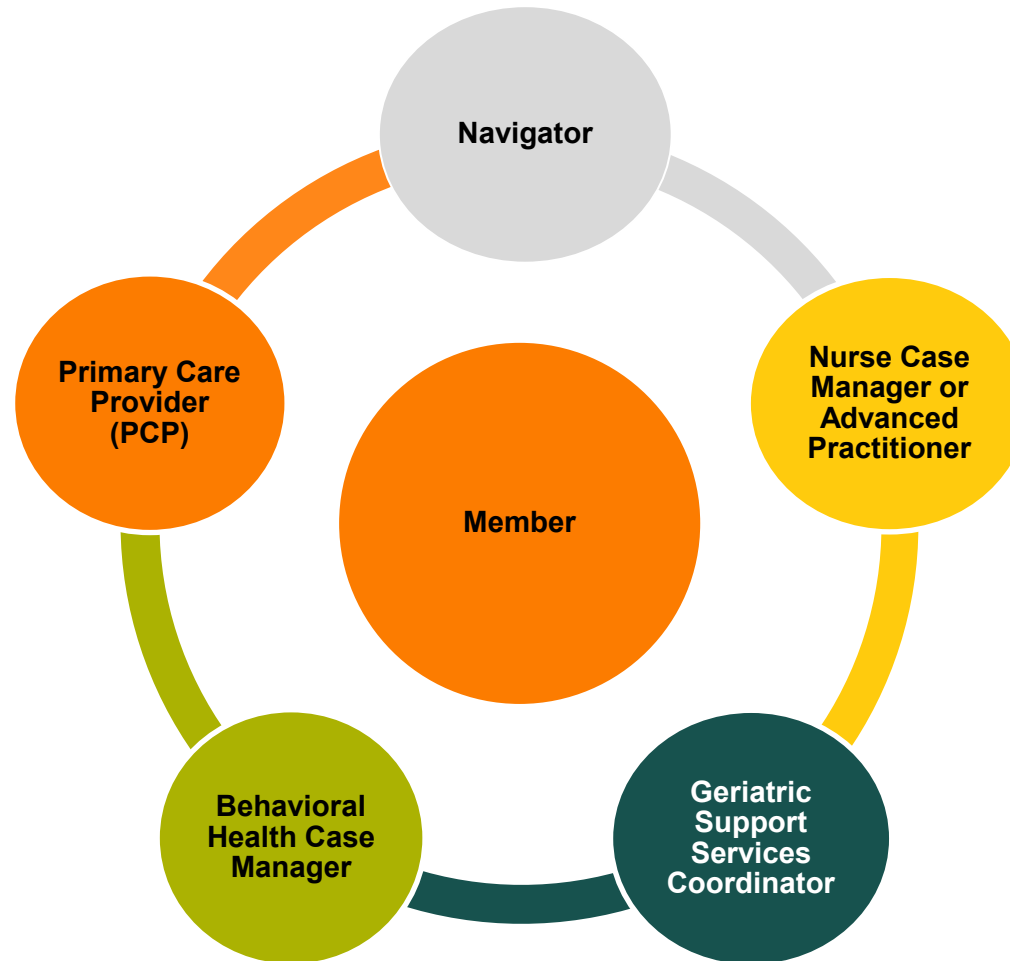
NaviCare Model of Care

Primary Care Provider (PCP):

- Provides overall clinical direction
- Provides primary medical services, including acute and preventive care
- Orders prescriptions, supplies, equipment, and home-based services and supports.
- Documents and complies with advance directives in alignment with the patient's wishes for future treatment and health care decisions.
- Provides input into patients' care plan and receives periodic care plans for review and involvement.

Behavioral Health Case Manager: *(as needed)*

- Identifies and coordinates services to support patient's emotional health and well-being
- Supports patients through transition phases of older adulthood.
- Helps connect patients with their Care Team, and patients' mental-health providers, and substance-use counselors, if present



Navigator:

- Provides information patients about benefits and services
- Assists with care plan development; Reviews and obtains consent for care plans.
- Assists patients with provider access and service coordination.
- Provides care coordination around patient care transitions.

Nurse Case Manager or Advanced Practitioner:

- Assesses clinical and daily functional needs
- Supports patients in accessing the care they need when transitioning between or out of facility settings.
- Provides education about chronic disease and medication management.

Geriatric Support Services Coordinator employed by local Aging Services Access Points (ASAPs) for community-based patients:

- Evaluates need for services to help patients remain at home and coordinates those services
- Helps patients with completion and submission of MassHealth, Medicare, or other financial documents.
- Connects patients with community resources.



Role and responsibility of the PCPs

- **Manages patient care**
 - Participates in primary care team
 - Participates in discussions related to coverage for your patient through the care planning process
 - Works with team to help the patient stay in the least restrictive setting
- **Participates in primary care team meetings**
 - Scheduled at your convenience
 - These visits could happen in person, via phone, and/or via fax
- **Ability to contribute and sign the Plan of Care**



After a beneficiary enrolls

- **PCP visit within 30 days (if not seen in the past 45 days)**
 - Navigator coordinates with your office staff
 - For long-term care members, the visit is within 5 days (or 45 days back)
- **Documentation of initial visit and clinical findings are put in the centralized enrollee record**
 - Fallon Health contacts you for fax of this data or obtains it from the EMR
- **Patient educated about benefits and contact information**
 - Navigator completes this
- **Home visit conducted**
 - Interval of visits based on established level guidelines
 - Visit made by nurse case manager, geriatric support service coordinator
 - Navigator will participate in person or virtually



Key operational features

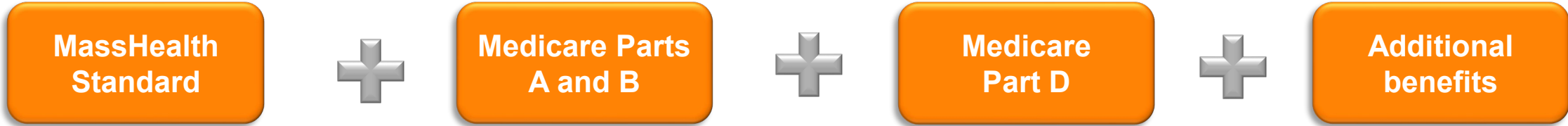
- **Centralized enrollee record**
 - Single patient record-medical, functional, and psychosocial
 - Patient information accessible online (with a secure ID token)
 - ❖ Designated PCP and clinical coverage
 - ❖ Members of primary care team, who can be contacted 24/7
- **24/7 clinical care**
 - RNs provide clinical triage after hours
 - ❖ Have immediate access to centralized enrollee record
 - ❖ Can call PCP if necessary
- **NaviCare Medical Director is available for consults**




NaviCare benefits



NaviCare benefits



| Premium and benefit highlights | |
|--|--|
| Monthly premium |  |
| PCP and specialist visits | |
| Inpatient hospital admissions | |
| High-tech imaging (CT, MRI, etc.) | |
| Ambulance (worldwide) | |
| Emergency room and urgent care services (worldwide) | |
| Adult day health (<i>prior authorization required</i>) | |
| Homemaker services (<i>authorization by PCT required</i>) | |
| Acupuncture (<i>up to 20 visits without prior authorization</i>) | |
| Dental, Prescription Eyewear, Prescription Hearing aids, Fitness and more! | |
| Part D Rx deductible and copays (<i>all network pharmacies</i>) | |



What is covered?

- ✓ Preventive and acute care with PCP and specialists
- ✓ Behavioral health services
- ✓ Covered prescription drugs and certain OTC drugs and items
- ✓ Transportation – medical and non-medical
- ✓ Vision care and prescription eyeglasses (*\$403 annual eyewear allowance, up to 2 pairs per year*)
- ✓ Hearing aids (and batteries)
- ✓ Dental care, including dentures
- ✓ Chiropractic services
- ✓ Adult day health*

- ✓ One seat lift chair per lifetime, up to **\$900***, based on medical necessity
- ✓ Acupuncture (*up to 20 visits without prior authorization*)
- ✓ Routine podiatry
- ✓ Care management and social services
- ✓ Home visits from the Primary Care Team (PCT)
- ✓ Community-based and personal care services
- ✓ Dialysis services at any hospital in the U.S. and its territories
- ✓ Worldwide emergency and urgent care services

- ✓ Individual care plan tailored to member's specific needs and goals
- ✓ 24/7 telephonic and online nurse access
- ✓ Personal emergency response systems (PERS)*
- ✓ Quit to Win smoking and tobacco cessation program
- ✓ Short-term respite care in a long-term care facility as approved by the Primary Care Team
- ✓ Trained medical interpreters available

* Requires prior authorization

No premiums. No copayments. No coinsurance!

Note: There may be a financial responsibility for members in long-term care with a Patient Paid Amount (PPA) as defined by the state.



Get more with Fallon Health's NaviCare

Free rides to the doctor

- ✓ Unlimited rides to and from medical appointments
- ✓ Get rides from Fallon Health's partner service, or from the patient's friends/family
- ✓ Friends/family can receive mileage reimbursement for pre-approved rides



Get more with Fallon Health's NaviCare

Free rides to and from the pharmacy

- ✓ 48 one-way rides
 - ✓ Limited to 4 per month
- ✓ Privately owned or small chains
- ✓ Large retailers, like CVS Pharmacy, Target, or Walgreens
- ✓ Get rides from Fallon Health's partner service, Coordinated Transportation Solutions (CTS) or from member's friends/family



Get more with Fallon Health's NaviCare

Save Now (OTC) card

\$1,500 every year (\$375/calendar quarter)

- ✓ Buy health and hygiene products (including personal care)
- ✓ Cold/allergy medicine, pain relievers, probiotics, and more
- ✓ Shop at CVS, Target, Walgreens, and more
- ✓ Get free home delivery for online and phone orders

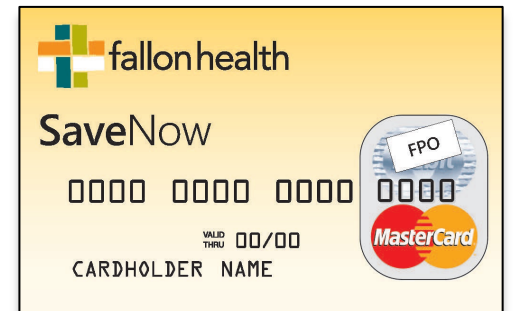
\$1,500 per year to buy items you need!

Note: Amounts do not roll over at the end of each quarter or end of calendar year.



SSBCI – Special Supplemental Benefit for the Chronically Ill

- ✓ For NaviCare members who qualify (**Members with chronic health conditions**)
- ✓ \$200/quarter for healthy food (\$800 per year!)
 - Fruits, vegetables, meat, fish, bread, milk, and more.
- ✓ Using existing Save Now card funds
 - ✓ this is not an additional benefit, rather, it's an additional way to use the existing benefit for those who qualify



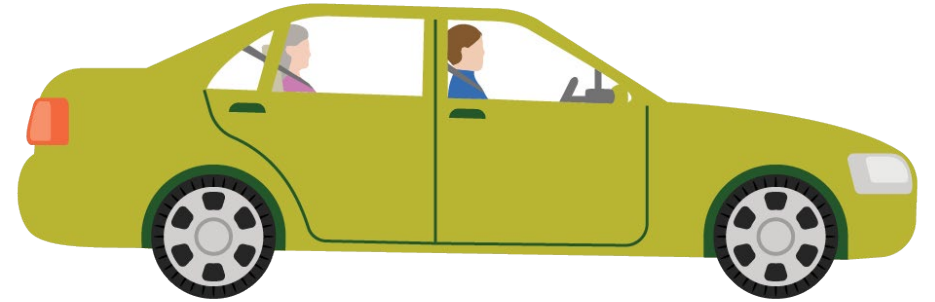
The \$200 (per calendar quarter) food benefit is part of a special supplemental program for the chronically ill. To qualify, enrollees must have chronic-condition diagnoses documented with Fallon Health, such as cardiovascular disorders, chronic and disabling behavioral health conditions, chronic lung disorders, diabetes, and neurologic disorders. This is not a complete list of eligible chronic conditions. Not all members with an eligible condition will qualify. Other eligibility and coverage criteria also apply.



SSBCI – Special Supplemental Benefit for the Chronically Ill

More free rides (non-emergent non-medical)

- ✓ Run errands, visit friends, attend religious services, and more
- ✓ 100 one-way trips per year
- ✓ Only for members who have qualifying chronic health conditions; not all members qualify
- ✓ Get rides from Fallon Health's partner service, Coordinated Transportation Solutions (CTS), or from member's friends/family
- ✓ Friends/family can receive mileage reimbursement for pre-approved rides



The 100 annual one-way rides to run errands, visit friends, attend religious services, and more, is part of a special supplemental program for the chronically ill. To qualify, enrollees must have chronic-condition diagnoses documented with Fallon Health, such as cardiovascular disorders, chronic and disabling behavioral health conditions, chronic lung disorders, diabetes, and neurologic disorders. This is not a complete list of eligible chronic conditions. Not all members with an eligible condition will qualify. Other eligibility and coverage criteria also apply.



Get more with Fallon Health's NaviCare

\$0 dental services

- ✓ Crowns, dentures, implants, oral surgery, and more

\$403 for prescription eyewear

- ✓ Up to 2 pairs of prescription eyeglasses, contacts, lenses frames, and upgrades (e.g., anti-scratch) eyewear every year

\$400 fitness benefit

- ✓ New fitness tracker, like a Fitbit or Apple Watch
- ✓ New cardiovascular equipment
- ✓ Fitness/gym memberships and classes



Prescription drug coverage highlights



Benefits

- Formulary includes Medicare Part B and Part D drugs; and NaviCare® HMO SNP Over-the-Counter and Additional MassHealth Covered Drugs List. (fallonhealth.org/navicare under Covered Medications).
- Prescribers can order up to a 100-day supply for some drugs (e.g., maintenance drugs such as blood pressure medication), but some are only available for up to a 30 day-supply.

Pharmacy network

- Retail pharmacy network includes CVS pharmacy, Walmart, Stop & Shop, and Big Y pharmacy, plus a selection of independent pharmacies and smaller pharmacy chains.
- In-network pharmacies are located throughout all 50 states and U.S. territories.

MassHealth OTC drug coverage

- **In general, the MassHealth OTC drug coverage is limited to generic products.**
- Brand name products not listed on the MassHealth OTC Drug List will not be covered—under any circumstance.
 - Some alternatives for commonly requested but not covered items include:
 - cetirizine or loratadine instead of Allegra (fexofenadine)
 - budesonide nasal spray instead of Flonase (fluticasone propionate) nasal spray



Enrollment



Enrollment

- **Members can enroll in NaviCare any time during the year**
 - ✓ Coverage begins the first day of the next month.

Once enrolled,

- Navigator educates the member about benefit and contact information.
- **Home visit conducted**
 - Interval of visits based on established level guidelines.
 - Visits made by nurse case manager, geriatric support service coordinator
 - Navigator will participate in person or virtually.
 - Others may participate depending on where the member resides (community vs. long-term care setting), or based on the member's wishes (e.g., if they want a family member present).



Important resources and references for our NaviCare providers



Long-Term Services and Supports (LTSS)

LTSS helps individuals who need assistance with daily living activities such as:

- Bathing
- Toileting
- Dressing
- Preparing meals
- Taking medications

Service locations:

- Primarily provided at home or in the community
- May also be provided in nursing homes or hospitals
- All services follow MassHealth regulations and guidelines

Services must be authorized

See our medical policy Long-Term Services and Supports (LTSS) for NaviCare at : [FCHP - Medical policies](#)



Long-Term Services and Supports (LTSS)

Services include but are not limited to:

- Companion services
- Complex Care Training and Oversight
- Consumer Directed Care
- Environmental Accessibility Adaptations (Home Modification)
- Evidence Based Educational Programs
- Goal Engagement Programs
- Grocery shopping and delivery
- Habilitation therapy
- Homemaker services
- Home delivered meals
- Home Delivered Prepackaged Medications
- Home Safety Independence Evaluations
- Laundry service
- Medication Dispensing System
- Orientation and Mobility Services
- Personal care services
- Personal Emergency Response System (PERS)
- Peer Support
- Respite care
- Supportive Home Care Aide
- Transitional Assistance
- Translation/Interpreting Services
- Wander Response System



Accessibility and Accommodations

To uphold the principles of inclusivity and comply with the Americans with Disabilities Act (ADA), all services must be physically accessible to enrollees with disabilities. This includes:

- **Accessible Facilities:** Ensure that all service locations, including entrances, restrooms, and common areas, meet ADA standards for physical accessibility.
- **Reasonable Accommodations:** Provide necessary modifications or auxiliary aids (e.g., sign language interpreters, assistive listening devices, wheelchair access) to enable full participation in services.
- **Transportation and Navigation:** Offer clear signage, accessible parking, and pathways that accommodate mobility devices.
- **Staff Training:** Educate staff on ADA requirements and best practices for interacting with individuals with disabilities respectfully and effectively.

By implementing these measures, organizations ensure equitable access to care and services for all enrollees, fostering an environment of dignity and inclusion.



Alcohol and substance use disorder tools

Carelon, our behavioral health partner, supports PCPs as the locus of treatment for a wide variety of Behavioral Health diagnoses to include mental health and substance use services.

Things to remember:

- Members can self-refer for services.
- PCPs can refer members directly to contracted providers.
- PCPs can contact Carelon for consults for treatments in PCP setting.
- Behavioral Health Providers and PCPs are required to coordinate member's care.

A toolkit is available to help providers with identification and next steps in treatment of Behavioral Health conditions.

<https://www.carelonbehavioralhealth.com/providers/resources/provider-toolkit>



NaviCare clinical practice initiative tools

Documentation and guidelines for treating NaviCare members are available on our website:

<https://fallonhealth.org/providers/criteria-policies-guidelines/navicare-clinical-initiatives>

Topics include:

- Identification of Abuse and Neglect
- Alcohol Substance Use Disorder
- Care for Older Adults
- And more...

Additional outside resources on elder abuse reporting:

In Massachusetts, elder abuse reporting is taken very seriously, and certain professionals are legally mandated to report suspected abuse of adults aged 60 and older.

For more information about elder abuse reporting click the link below.

<https://www.fallonhealth.org/en/providers/criteria-policies-guidelines/health-care-guidelines>



Fall prevention resources

Fall prevention refers to a set of strategies, interventions, and resources designed to reduce the risk of falls, particularly among older adults and individuals with mobility or health challenges. It involves identifying risk factors, modifying environments, educating individuals and caregivers, and integrating safety practices into daily routines and clinical care.

Within our Adult preventive care guidelines there are updated outside resources you can link to, and learn more about Fall Prevention: [Adult preventive care guidelines](#)

- **Fall Prevention Checklist:** This resource helps you identify and implement safety measures in your home to prevent falls. [Check For Safety A Home Fall Prevention Checklist For Older Adults](#)
- **A Matter of Balance:** This resource discusses how seniors can get involved with a program to reduce the fear of falling and increase activity level among older adults. [A Matter of Balance - ETHOS](#)
- **CDC: Injury Prevention & Control:** The CDC's Injury Center provides resources on how to prevent violence and injury among at-risk communities. [Injury Center | Injury Center | CDC](#)
- **Stopping Elderly Accidents, Deaths, & Injuries (STEADI): Fall Prevention:** This resource provides tips and resources for clinicians to help integrate fall prevention into routine clinical practice [STEADI - Older Adult Fall Prevention | STEADI - Older Adult Fall Prevention | CDC](#)



Incontinence – identification and treatment of incontinence

Incontinence supplies:

NaviCare members may be eligible to receive incontinence products under the MassHealth benefit structure with a qualifying diagnosis of incontinence.

The NaviCare Navigators assist with obtaining supplies for the members utilizing one of our contracted vendors. Navigators are trained on coverage guidelines, monthly allowable, and the system to check the status of an order through the Home Care Delivered (or another vendor) portal.

NaviCare members can only receive an approved number of products per month (see below). If a member is requesting more than what is allowed per month, an authorization must be obtained. Monthly allowable amounts are determined based on MassHealth guidelines:

[MassHealth Payment and Coverage Guideline Tools | Mass.gov](#)



Cultural Competency tools

Fallon Health is committed to helping providers deliver care that meets the social, cultural, and linguistic needs of their patients.

To support this goal, Fallon offers resources designed to help providers assess and enhance their cultural competency, ensuring more effective and inclusive health care delivery.

[Implicit Bias Resource Page | Mass.gov](#)

[Culturally and Linguistically Appropriate Services - Think Cultural Health](#)



Quality – Healthcare Effectiveness Data Information Set (HEDIS)

- **HEDIS: Most widely used set of healthcare performance measures in the U.S.**
 - Developed by the National Committee for Quality Assurance (NCQA)
 - Measures effectiveness of care, access/availability of care, and utilization
 - Annual measurement required by our SCO contract with the Commonwealth
- **HEDIS rates used to identify areas for improvement in our program**
 - Providers receive the HEDIS gaps in care report throughout the year



Quality – Healthcare Effectiveness Data Information Set (HEDIS)

- **What we do**

- Report data to NCQA based on claims, medical record review, or approved supplemental data sources, such as EMR data extracts
- Conduct on-site medical record review. May request medical record documentation or review medical records remotely, if provided with EMR access.
- HEDIS measures submitted for external audit and submitted to NCQA

- **What you receive**

- Care reminders for members identified in populations who are in need of selected preventive and disease management services
- Requests for medical records



Quality – NaviCare initiatives

- **Quality improvement projects**

- Reducing readmissions
- Increasing annual influenza vaccine outreach and immunization
- Reducing the use of high-risk medications
- Optimizing osteoporosis management in women who had a fracture
- Improving rate of statin use for diabetics
- Improving rate of diabetic retinal eye exams
- Improving rate of colorectal cancer screenings



Need help for a patient?

If you have a patient who may benefit from additional support or access to specialized resources, please contact the patient's **Care Team**.

They are available to help **coordinate services** and ensure patients receive the care they need.

If you do not know who to reach out to call Provider Services at 1-866-275-3247, prompt 4 to find out.



Keeping you connected



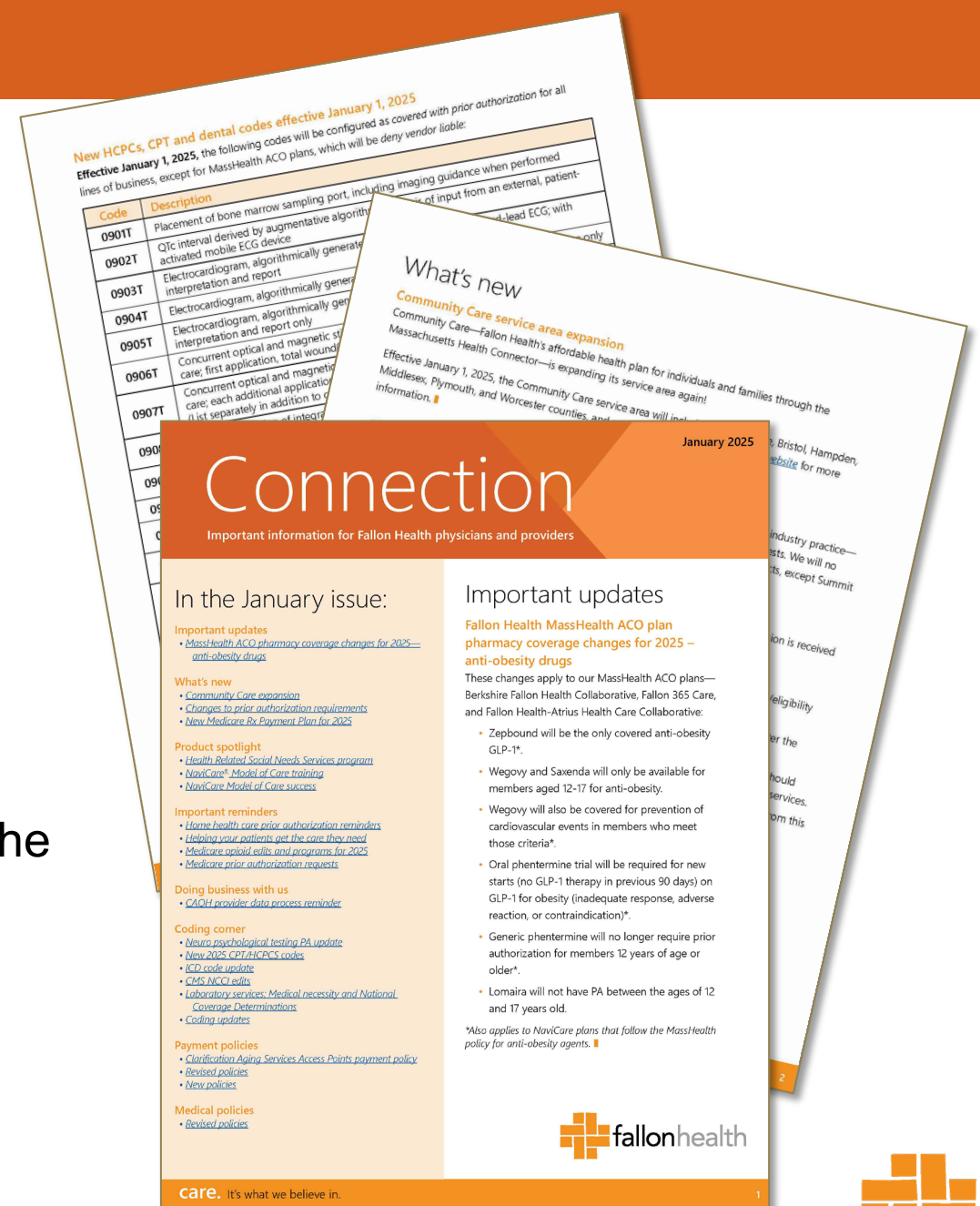
Keeping you connected

Connection

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



Addendum – doing business with Fallon Health



Referrals and prior authorizations



PCP referral information for NaviCare members

PCP referral process

- Primary Care Providers initiate referrals to in-network specialists via ProAuth with specified visit details and timeframe.
- There is a **90-day retro referral timeframe** allowed NaviCare members.
- **Specialist responsibilities**
 - Specialists verify eligibility, confirm referral approval, treat per PCP request, and communicate clinical information back.
- **Referral exceptions and coordination**
 - Referrals are not needed within HealthCare Option; PCPs coordinate all specialty visits; specialists cannot refer further.
- **Prior authorization**
 - Certain procedures require prior authorization; <https://fallonhealth.org/providertools/ProcedureCodeLookup>
 - Non-contracted referrals/services require plan-level prior authorization

All services are subject to: **Network participation, Coverage guidelines, Benefit limitations and Contractual exclusions**



Physical therapy and chiropractic referral procedure for NaviCare

- PCP must provide a written prescription to the member and/or provider for chiropractic services.
- PCP or specialist must provide a written prescription to the member and/or provider for PT services.
- **Note-** PT after the 60th visit requires a prior authorization and speech/language therapy after the 35th visit also requires prior authorization

| | For physical therapy referrals | For chiropractic referrals |
|----------------------------------|---|--|
| Script should include: | <ul style="list-style-type: none"> • Referring provider's name and address • Member's name and identification number • Referral issue date • Primary diagnosis code | |
| Claim submission process: | PT claims do not require submission of prescription and should be submitted to Fallon Health. | Chiropractor needs to submit a copy of the prescription to American Specialty Health Network when submitting the initial claim. |



Prior authorization for NaviCare members

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 (*not needed for Fallon Medicare Plus and NaviCare SNP members when in a Medicare certified hospice agency*)
- Office-based procedures identified on our procedure code look-up tool
- Oral surgery services and treatment
- Oxygen
- Plastic reconstructive surgery and treatment
- Specified durable medical equipment, prosthetics and orthotics
(Note: see slide 48 for details)
- Transplant evaluation



Integrated Home Care Services (IHCS)

All **DME** and **home health** service requests must be submitted directly to Integrated Home Care Services (IHCS).

- Expanded DME Categories: Applies to all DME items, excluding:
 - Orthotics and prosthetics
 - Personal Emergency Response Systems (PERS)
 - CPAP/BIPAP devices
- IHCS will coordinate services with in-network Fallon Health providers, helping reduce administrative burden.
- Current DME Providers: If you're contracted with Fallon Health, you may continue supplying DME items (e.g., crutches, splints, nebulizers, canes) but must notify IHCS of your DME supplier.
- **Fax orders to IHCS:** 1-844-215-4265
- **Call IHCS for assistance:** 1-844-215-4264



Radiology prior authorization program

Authorization program for all outpatient imaging studies*

- MRI/MRA, CT/CTA, nuclear cardiac imaging (NCM), 3D imaging, PET
- eviCore is administrator—our medical management partner
- Request authorization number
 - **Online:** evicore.com
 - **Fax:** 1-888-693-3210
Forms available online or by calling Customer Service
 - **Phone:** 1-888-693-3211, 8 a.m.–9 p.m.
- Services performed without prior authorization will be denied.
- **Note:** Imaging studies performed during an inpatient admission or ER visit are not included in this program.



Sleep diagnostic and therapy prior authorization

Fallon Health partners with CareCentrix, Inc. (CCX)

- Sleep diagnostic and sleep therapy management services
- CCX contracts with providers who provide services on behalf of Fallon Health.
- Request a service
 - Phone: 1-866-827-2469
 - Fax: 1-877-860-4999
 - Online: <https://www.carecentrix.com/>

Questions?

- CareCentrix, Inc.
- 1-888-497-5337

Services performed without prior authorization will be denied.



No retro prior authorizations

Fallon Health and our vendor partners do not accept retroactive prior authorization requests.

- **Pre-authorization required:** Providers must request pre-authorization before the service date to ensure a decision is made in advance.
- **Claim denial:** If a prior authorization isn't obtained on time, the claim will be denied.
- **Provider appeals:** Appeals will only be granted for extenuating circumstances like enrollment/eligibility issues or technology malfunctions.
- **Surgical code amendments:** If a prior authorized surgical code needs changing post-surgery, use the provider appeal process.
- **Service continuation:** For ongoing services (e.g., DME or infusion), submit additional clinical info before future service dates to receive continued service authorization.
- **Excluded services:** Home care, oxygen services, hospice, and non-emergency transportation are excluded from the new prior authorization requirements; follow the current process.
- **Urgent admissions:** Urgent and emergent inpatient admissions are also excluded from the new requirements; this process remains unchanged.
- **Retrospective authorization:** Requests made after the service was delivered will receive a denial notice.



Pharmacy information



Pharmacy management

Fallon Health partners with OptumRx, our pharmacy benefit manager (PBM).

- NaviCare HMO SNP includes prescription drug benefits. The presence of an OptumRx logo on the member's ID card confirms the member has their pharmacy benefit through Fallon Health.
- NaviCare offers a mail-order benefit for certain kinds of drugs. Members can get up to a 100-day supply for eligible drugs.
 - Some benefit restrictions and formulary restrictions apply. Call Provider Services for benefit information at 1-866-275-3247.
- All formularies can be found at <https://fallonhealth.org/en/providers/pharmacy/online-drug-formulary.aspx>
- E-prescribing
 - Fallon Health pharmacy benefit manager, OptumRx, partners with CoverMyMeds® and Surescripts®.



Pharmacy prior authorizations

- Fallon Health collaborates with OptumRx and Magellan Rx Management to implement our prior authorization process
- **OptumRx reviews pharmacy benefit drugs**
 - patient self-administered drugs, including oral medications and Community Care/Medicaid member diabetic testing supplies
- **Prime Therapeutics reviews medical benefit drugs**
 - physician-administered drugs, including home infusion
- More Rx prior authorization information available at:
<http://www.fchp.org/providers/pharmacy/pharmacy-prior-authorization.aspx>



OptumRx—prior authorizations

Prior authorizations through OptumRx

For more information about OptumRx prior authorizations:

- Submitting a PA request – <https://www.optum.com/business/hcp-resources/page.hub.electronic-prior-authorization.html>
- PA guidelines and procedures – <https://professionals.optumrx.com/resources/manuals-guides/pa-guidelines-procedures.html>
- PA forms – <https://professionals.optumrx.com/prior-authorization/prior-authorization-lob.html>



OptumRx—mail order and specialty medications

Prescribing for mail order pharmacy

You have three options for prescribing with OptumRx Home Delivery:

1. **ePrescribe** – Simply 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
NC PDP ID = 0556540; PID = P00000000020173
2. **Call an OptumRx pharmacist** at 1-800-791-7658
3. **Fax a completed form** to OptumRx at 1-800-491-7997

Prescribing for specialty medications

1. **Phone** – 1-855-427-4682
2. **Mail** – P.O. Box 2975, Mission, KS 66201
3. **Fax** – *(for prescription submissions only – no PAs):* 1-877-342-4596



Prime Therapeutics

Fallon Health's partners with Prime Therapeutics. This partnership has three components to help us provide members with high-quality, affordable care:

1. **Medical Pharmacy Prior Authorization program** for physician administered medical pharmacy drugs (formulary search may be found here: [FCHP - Online drug formulary](#)).
2. **Post Service Claim Edit program** includes edits for eligible diagnosis, maximum dosage/units, duration and frequency. (e.g., Botox: Chronic Migraine, 200 billable units every 84 days)
3. **Voluntary Site of Service program** which offers in-home infusion therapy as a lower cost alternative for eligible members.

If you have any questions, please contact the Prime Therapeutics team at 800-424-1740.



Claims information



Paper claims

Filing limit is 120 days or as stated in your contract

- Fallon Health
P.O. Box 211308
Eagan, MN 55121-2908

For paper claims that are not deliverable to a P.O. Box:

- Fallon Health Claims
Smart Data Solutions
960 Blue Gentian Road
Eagan, MN 55121



Electronic claims

Direct submission to Fallon Health*:

- Faster turnaround time
- Eliminates need for clearinghouse
- No transaction fee
- EDI coordinators: edi.coordinator@fallonhealth.org, 1-866-275-3247, option 6

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

**May require a minimum threshold.*

***Contact information/more details available upon request.*



Claims adjustments

Claims can be corrected and resubmitted

- DOB, DOS, procedure code, diagnosis code, invoice required, NPI updates
- All claim lines need to be submitted
- Submit within 120 days of the original Remittance Advice Summary (RAS)

Paper claims*

- Complete Request for Claim Review form with appropriate box checked
- fallonhealth.org/providers
- Clearly mark as a “Corrected Claim”
- Mail form and corrected claim

Fallon Health

Attn: Request for Claim Review

P.O. Box 211308

Eagan, MN 55121-2908

**Corrected claims to address Zelis edits should be submitted directly to Zelis.*



Electronic claims adjustments

UB and CMS 1500 claim adjustments—use frequency code 7 for 1500 claims. Use replacement claim bill type ending in 7. Submit within 120 days.

Adjustment claims must have:

- Fallon Health prefers the same patient control number as original claim
- Same billing provider/pay to
- All claim lines need to be resubmitted
- Original claim ID (if available)

Adjustment examples

- Procedure and diagnosis code changes
- Removing or adding charges
- Correcting member information: ID, DOB, Name, etc.
- Adjustment request after an authorization was updated
- Zelis edits

For more information, contact Fallon Health's EDI Coordinators at edicoordinator@fallonhealth.org, or 1-866-275-3247, option 6.

Claim must have finalized status in order to submit adjustment.



EFTs and ERAs

- Electronic Funds Transfers (EFTs)
- Electronic Remittance Advices (ERAs)
- Offered through partnership with PaySpan Health
- Contracted providers should register with PaySpan Health
- Access remittance/vouchers online
- Reconciliation of payments online
- Decrease time of secondary billing
- Link PaySpan.com

** To reduce paper, Fallon Health will no longer supply paper remittance advices to registered providers.*



Provider appeals

If you disagree with the determination made by Fallon Health (e.g., lack of medical necessity, prior authorization issues, late submission, etc.), an appeal may be submitted.

- Universal Request for Claim Review Form is required and must be filled out entirely.

Mail to:

Fallon Health, Attn: Provider Appeals
P.O. Box 211308
Eagan, MN 55121-2908

- Requests must be submitted within 120 days of original RAS*.
- Requests must be submitted in writing.
- All pertinent documentation substantiating request must be included.
- There is only one level of provider appeal.
- Appeal determinations will be final and binding and in keeping with the provisions of your contract with Fallon Health.

** Appeals submitted after 120 days from the date of the original RAS will be denied.*



Provider appeals *(continued)*

Examples what to include in a provider appeal:

- Include a request for claim review for, filled out entirely.
 - <https://fallonhealth.org/-/media/Files/ProviderPDFs/ClaimReviewForm.ashx>
 - All provider appeals will be responded to in writing and will be sent to the address filled out on the request for claim review form.
- If a claim denied for no prior authorization, include why you did not obtain the prior authorization **AND** the supporting documentation substantiating the code you needed prior authorization for.
 - Fallon Health **does not** make outbound calls requesting more information.
- If a claim denied for timely filing yet you have on file that it was sent timely, send in your electronic scrubber report and the confirmation of receipt.



Member appeals and grievances



Member appeals and grievances

Member appeals

- Fallon Health provides its members, authorized representatives, and treating providers with a formal process to appeal decisions related to the coverage of healthcare services. This process allows for a review of determinations concerning benefits and coverage.

Member grievances

- Fallon Health has established a grievance forum where members can express concerns about their experiences with healthcare providers or Fallon Health Plan itself.
 - **Member responsibility:**
Members are responsible for notifying Fallon Health of any concerns regarding their healthcare services.
 - **Provider responsibility:**
All network providers are required to participate in the grievance process and respond to any queries directed to their offices regarding submitted grievances.



Fallon Health Provider Manual

For more doing business pieces and specific guidelines please see our Fallon Health provider manual at:

<https://fallonhealth.org/en/providers/provider-manual>

- This manual is updated annually.
- The provider manual is accessible to all providers without a need for a username and password.

It includes:

- Processes and Procedures for providers
- Medical and Payment policies
- Forms
- And more...



Provider portal



Provider portal

Fallon Health has launched our new provider portal, designed to deliver a streamlined, efficient, and user-friendly experience for our participating providers.

Key features:

- Eligibility and benefit verification
- Claim status checks
- Claims submission (1500 forms)
- *Authorization & referral tracking (*Authorization and Referral entry is done in ProAuth)
- And more!

Super user role:

- Each provider group (by TIN) must designate a Super User
- Manages portal access and user setup
- Assigns roles and approves third-party billers
- Individual registrations not accepted

Register here: <https://fallonprovider.healthtrioconnect.com>



Contacting Fallon Health



Contact us

<<Provider Relations Rep name>>

Direct line: 1-508-368-<INSERT #>

Fax: 1-508-368-9902

Email: <INSERT email>@fallonhealth.org

<<Outreach Account Executive name>>

Direct line: 1-508-368-<INSERT #>

Email: <INSERT email>@fallonhealth.org

<<Navigator/Clinical contact Name>>

Direct line: 1-508-368-<INSERT #>

Email: <INSERT email>@fallonhealth.org



Questions?

This is not an approved marketing, advertising or outreach document. It is meant for training use or referral education and not for marketing or outreach for prospects or enrollees.

