Doing business with Fallon Health

Provider Relations

Provider Relations staff works as a liaison between physicians/providers and Fallon Health.

All contracted providers are assigned a Provider Relations Representative. If you are unsure who your provider relations representative is, please email askfchp@fallonhealth.org.

Your Provider Relations Representative will assist you in doing business with Fallon Health including, but not limited to:

- Provide new provider education and ongoing refresher orientations, individual or group whether it be in person, virtual or over the phone.
- Provide ongoing provider education and support regarding Fallon Health policies and procedures.
- Conduct on-site, virtual or phone visits at the request of the Provider.
- Distribute information regarding Fallon Health updates and pertinent issues.
- Provide notification of payment policy/procedure changes and information via our Connection Newsletter, which is published quarterly (January, April, July & October) and posted on the website: https://fallonhealth.org/providers/announcements .
- Outreach to providers for customer service/member escalated issues.
- Assist in resolving problems and/or complaints by researching the issue and providing you a resolution to the issue.
- Any issues that the physician/provider feels are not satisfactorily resolved by Provider Relations should be directed to the Director of Provider Relations.
- Accept any feedback you would like to share.

Doing business with Fallon Health

For day-to-day business needs, Physicians/providers are encouraged to contact Provider Services with questions, concerns or issues **at 1-866-275-3247**, Monday through Friday, 8:30 a.m. to 5:00 p.m. See prompts and options below:

Prompt 1: Customer Service (to determine member eligibility or benefit information)

Prompt 2: Claims

Prompt 3: Referrals, Medical Prior Authorizations or Case Management

Prompt 4: Provider Services

Prompt 5: Pharmacy Services

Prompt 6: Electronic Data Interchange (EDI), Provider Tools and ProAuth Support

NOTE: Members with questions or concerns should call Customer Service at 1-800-868-5200 (TDD/TTY: 1-877-608-7677), Monday through Friday, 8:00 a.m. to 6:00 p.m.

Provider tools

Fallon Health providers can check eligibility and run claims metric reports through the website.

Our web-based tools give you access to member eligibility information as well as the ability to run a valuable claims metric report and perform secure file transfers to and from Fallon Health.

To register, please fill out the online form at:

https://www.fchp.org/providers/Secure/tools-regform.aspx

Verify eligibility

- Verify that your patients are eligible for the date of service
- Verify copayments, deductibles and products
- Reduce claim denials for eligibility reasons
- Improve office efficiency by reducing time on the phone checking member eligibility

Claims metric report

- Review claim status over the past 3 months
- Measure Fallon Health's performance regarding turnaround time and rejection rates.
- Review detailed reasons for rejected claims
- Review reports online or download to your computer

PCP panel report

- View members on your PCP panel
- See additions and deletions to your panel
- Review reports online or download to your computer

PCP referral monitoring reports

- Enables PCP to view specialists rendering services to their patients

Secure file transfers

- Register today to become a trading partner with Fallon Health.
- Receive confirmation that your files have been received and are ready to be retrieved.
- Personal health information is treated confidentially on our secure site.

Changing Provider Information Policy

All changes to provider enrollment *must* be made on a prospective basis and can be made directly with Fallon using the Provider Update Form OR some changes can be made through CAQH.

Several Massachusetts health plans utilize CAQH to collect provider directory information. This streamlined process simplifies provider data entry and ensures that consumers have accurate information to contact you when they need care.

Federal requirements and state regulations emphasize provider directory information and the accuracy of your information.

Health plans must collect provider information at least every 90 days. Your data submission and attestation in the CAQH Provider Data Portal satisfies these requirements.

To avoid reminder emails and phone calls about validating your information, you must validate and update your information every 90 days.

If details about your practice have not changed, you still must verify and attest to your data regularly.

Categories below that have not been marked with an asterisk, can/should be submitted through CAQH at https://www.caqh.org/programsolution/directassure.

Provider Information changes

30 days prior written notice is required. If less than 30 days' notice is provided, the effective date will be 30 days after receipt of notice.

- Name change
- Tax identification # change (W-9 required) *
- Practice address addition or change, to include phone and fax number
- Billing address change (W-9 required) *
- Panel status change (except change to concierge medicine see below)
- Please note, we only add up to three locations the provider primarily practices at, as long as the type 2 NPI is on file. If the type 2 NPI is different we will proceed with adding the additional location in order for claims to pay. Claims pay off of type 2 NPI not location.
- We do not add additional locations for non-printing providers (ex. PARE providers, covering physician, and urgent care) as long as the Type 2 NPI is already on file.
- If possible, please update information via CAQH platform. New TIN/Type 2 NPI will need to be sent to providerdataupdates@fallonhealth.org, with HCAS and w9.

Doing business with Fallon Health

Health Care Option (HCO) changes*

Health Care Option changes are defined as changes in affiliation with one or more of the following entities: Physician Organizations, Physician Hospital Organizations, Independent Practice Associations, or group practices.

60 days prior written notice is required. If less than 60 days' notice is provided, the effective date will be 60 days after receipt of the notice.

- Adding an additional HCO affiliation*
- Changing an HCO affiliation (existing and new information required) *
- Terminating an HCO affiliation*

Individual Provider Termination from Fallon Health

Contractual termination provisions prevail.

60 days prior written notice is required.

Conversion to/from Concierge Medicine Practice

90 days prior written notice is required.

Notification details:

Completed Provider Update Forms can be sent via:

Mail	***Fax***	***Email* (preferred)**
Fallon Health Attn: Provider Data Updates 1 Mercantile St., Ste. 400 Worcester, MA 01608	508-368-9902 Attn: Provider Data Updates	providerdataupdates@fallonhealth.org

Please call 1-866-275-3247, prompt 4 with any questions.

Provider Requirement to Enroll in MassHealth for MassHealth ACO and NaviCare products

Federal regulations set forth at 42 CFR 438.602 require that all network providers enter into a MassHealth provider contract.

MassHealth has developed a specific provider contract for this purpose - the MassHealth Non-billing Managed Care Entity (MCE) Network-only Provider Contract - which does not require Fallon Health network providers to render services to MassHealth fee-for-service members.

Visit https://www.mass.gov/forms/mce-nonbilling-network-only-contract to complete this process.

If a provider does not execute a MassHealth non-billing contract prior to the implementation of a network contract with Fallon Health, or upon adding a MassHealth or NaviCare product, Fallon Health reserves the right to withhold from contracting with the provider. If an existing provider is determined to have not met the MCE contract requirements outlined in this policy, Fallon Health may be required to terminate the network provider contract.

Frequently Asked Questions provided by MassHealth:

1. Question: Why do I now need to enroll with MassHealth as a provider? What has changed?

> **Answer**: Changes in federal law require all Managed Care Entity (MCE) network providers to enroll with MassHealth. This means all MCE network providers must have two provider contracts in place: (1) a network provider contract with Fallon Health; and (2) a provider contract with MassHealth. MassHealth has developed a specific provider contract for this purpose, called the MassHealth Nonbilling Managed Care Entity (MCE) Network-only Provider Contract. This specific provider contract does not require Fallon Health network providers to render services to MassHealth fee-for-service members.
>
> Providers may visit https://www.medicaid.gov for more information.

2. Question: How do I know if I need to sign a MassHealth provider contract?

> **Answer:** MassHealth and Fallon Health worked together to determine which Fallon Health network providers do not currently have a MassHealth provider contract. If you received a notice from Fallon Health, MassHealth and Fallon Health have verified that you have not signed a MassHealth Provider Contract (used by fully participating fee-for-service providers) or a MassHealth Nonbilling Contract for Individuals (often used by ordering, referring and prescribing providers).

As a result, you must enter into a MassHealth Nonbilling Managed Care Entity (MCE) Network-only Provider Contract at this time.

3. Question: When must I enroll with MassHealth?

Answer: Federal law sets forth the timeline for Fallon Health providers to enroll with MassHealth. Under federal law, Fallon Health may only hold a network provider contract with a provider for 120 days while that provider completes its enrollment with MassHealth. Fallon Health must terminate a network provider either immediately after MassHealth notifies Fallon Health that the network provider cannot be enrolled with MassHealth or after 120 days has passed, and the provider has still not completed enrollment with MassHealth. Again, MassHealth has developed a specific provider contract, called the MassHealth Nonbilling MCE Network-only Provider Contract, to make this enrollment process as simple as possible for Fallon Health network providers.

4. Question: If I already have signed a provider contract with another MCE or MassHealth, why do I need to sign another provider contract?

Answer: As explained above, federal regulations require that all Fallon Health network providers enter into a MassHealth provider contract. If you received a notice from Fallon Health, MassHealth and Fallon Health have verified that you have not signed a MassHealth Provider Contract (used by fully participating fee-for-service providers) or a MassHealth Nonbilling Contract for Individuals (often used by ordering, referring and prescribing providers). As a result, you must enter into a MassHealth Nonbilling MCE Network-only Provider Contract at this time.

5. Question: Can I enroll as a fully participating MassHealth provider instead?

Answer: If you want to enroll as a MassHealth fully participating provider instead of as a MassHealth nonbilling MCE Network-only provider, and therefore be able to provide services to MassHealth fee-for-service members, visit https://www.mass.gov/service-details/masshealth-provider-regulations to review information on MassHealth program participatory regulations and contact MassHealth's Provider enrollment vendor at 800-841-2900 or providersupport@mahealth.net. Providers are encouraged to also notify Fallon Health of their decision to enroll as a fully participating provider.

6. Question: What is a nonbilling provider?

Answer: Nonbilling providers may provide services to MassHealth members but shall not submit claims to or receive payments from MassHealth. If you enter into the MassHealth Nonbilling MCE Network-only Provider Contract, you will be a nonbilling provider. As a Fallon Health network provider who signed this particular MassHealth contract, this means you may provide services to Fallon Health enrollees, but you would not submit claims to or be paid by MassHealth. You will continue to submit claims to and be paid by Fallon Health.

Closing/reopening panels or practices to Fallon Health members

A primary care provider (PCP) or an ob/gyn provider agrees to give the plan 30 days written notice of intent to no longer accept new or additional plan members as patients. The PCP or ob/gyn provider may only decline plan members as new or additional patients if the plan provider declines all new or additional patients regardless of their insurer. The PCP or ob/gyn provider can reopen his or her panel/practice upon advance written notice to the plan. Fallon Health members who have signed the enrollment application prior to or within 30 days of the panel/practice closing will be allowed to choose that provider. A PCP or ob/gyn provider cannot close his/her panel/practice to existing patients transferring to Fallon Health insurance.

Procedure:

1. The PCP or ob/gyn sends written notice to the Fallon Health Provider Relations Department, stating the date the practice is to be closed/reopened to all members and the reason for the change in status.

2. Fallon Health revises the marketing literature to show the change in the provider's status. A symbol following the physician's name in our Fallon Health provider directories will indicate a closed panel/practice.

3. Fallon Health redirects provider selection for any member choosing a provider with a closed panel/practice and gives assistance to members in provider selection.

Policy:

Fallon Health requires that providers who intend to charge an access fee to Fallon Health members as a condition of membership in the provider's panel notify Fallon Health in writing at least 90 days prior to charging such fee to a Fallon Health member.

Procedure:

The provider must also advise their Fallon Health patients in writing of their intent to charge this fee and describe all relevant conditions and benefits associated with such fee. For the purpose of this requirement, the access fee can be a one-time or periodic fee and may include additional privileges or amenities that are not covered services, in addition to membership in the physician's panel. Continuity of care coverage and payment terms will apply for any eligible Fallon Health member unable to pay the access fee.

Removing a member from a provider panel

A personal physician may find it necessary at some time to end their relationship with a patient who is a Fallon Health member and would like the member removed from their panel. This may be due to member noncompliance, disruptive behavior, non-payment of co-payments or other fees (when applicable) or inability to manage the member's care. In such a case, the physician should carefully terminate the relationship with the member and request that Fallon Health reassign the member to another primary care physician.

The information and process will apply as follows:

Community Care, Fallon Medicare Plus, Fallon Medicare Plus Central, and NaviCare:

Procedure:

1. The physician/risk management representative calls their Provider Relations Representative to discuss the problem and come to an agreement to transfer the member if necessary.
2. If appropriate, the physician discusses the situation with the member stating that he/she will no longer provide care for the member and explaining the reasons for the decision.
3. The physician thoroughly documents the situation and the member conversation in the office records.
4. The physician sends a letter by certified mail to the member summarizing the previous discussion stating that the physician will provide care for a reasonable interval until a new personal physician is selected and advising that the physician will send copies of the medical records to the new primary care physician upon request.
5. If the member becomes a resident in a long-term care facility at which the physician does not render services and the member is not physically able to come to the physician's office for office visits or is otherwise unable to travel to the physician's office, the physician sends a letter by certified mail to the member, notifying the member that the physician-patient relationship will be ending.
6. The physician sends a copy of the above letter to the Provider Relations Department within 2 business days of the date the letter was sent to the member.
7. The Provider Relations Department initiates the procedure for the member to select a new primary care physician. This process is completed within 30 days.
8. Fallon Health sends a letter to the member confirming the new primary care physician selection.

MassHealth ACO (Berkshire Fallon Health Collaborative, Fallon 365 Care and Fallon Health-Atrius Health Care Collaborative**).**

PCP involuntary disenrollment will not be considered under the following circumstances:

- a change in the member's health status
- the member's utilization of medical services
- the member's diminished mental capacity
- missed appointments
- the member exercises option to make treatment decisions with which the provider or plan disagrees, including the option of declining treatment or diagnostic testing
- the member's uncooperative or disruptive behavior resulting from his or her special needs (except when the member's enrollment seriously impairs the provider's and other staff's ability to furnish services)

Required documentation includes:
Situational details

- A thorough, objective explanation of the reason for the request detailing how the individual's behavior has impacted the plan's ability to arrange for or provide services to the individual or other members of the plan
- Statements from providers describing their experiences with the member
- Any information provided by the member (e.g., complaints, statements).

Member information

- Member's name, date of birth and MassHealth ACO ID number
- Diagnoses
- Mental status and functional status
- A description of his or her social support systems
- Any other relevant information

Follow-up/Interim steps

- Outline of the serious efforts to resolve the problem with the individual, including providing reasonable accommodations
- Attestation that the member received at least one written notice in advance

Other

- Establishing that the member's behavior is not related to the use, or lack of use, of medical, BH or other services
- Describing any extenuating circumstances

Procedure:

1. The physician thoroughly documents the situation and the member conversation in the office records with key points, as described above.

2. The physician/risk management representative calls their Provider Relations Representative to discuss the problem and submits documentation supporting the request to terminate the member from the panel.

3. The Provider Relations Representative will bring documentation for Fallon/State review.

4. Provider Relations Representative will follow up with the physician/risk management representative one a determination is made.

If the termination request is approved:

1. Fallon will send a Planned Action Notice to the member informing him or her of the good cause basis for disenrollment and the right to appeal.

2. The physician sends a letter by certified mail to the member summarizing the previous discussion stating that the physician will provide care for a reasonable interval until a new personal physician is selected and advising that the physician will send copies of the medical records to the new primary care physician upon request.

3. The physician sends a copy of the above letter to the Provider Relations Department within 2 business days of the date the letter was sent to the member.

4. The Provider Relations Department initiates the procedure for the member to select a new primary care physician. This process is completed within 30 days.

5. Fallon Health sends a letter to the member confirming the new primary care physician selection.

Continuity of clinical services

To ensure continuity and coordination of care, Fallon Health assists in coordinating the care of members who must discontinue services with their current practitioner because of a change in status of the practitioner or provider contract, for reasons not related to quality of care or fraud. All services must be covered services as defined in the member's *Evidence of Coverage*. Members must be given timely notification of provider changes.

Termination of Fallon Health Primary Care Provider (PCP)

A member who has selected a PCP shall have access to the discontinued PCP for thirty (30) calendar days after the termination date of the PCP.

Member undergoing active treatment

A member undergoing active treatment for a chronic or acute medical condition shall have access to the discontinued practitioner through the current period of active treatment or for up to 90 calendar days, whichever is shorter. Active treatment is treatment in which discontinuity could cause a recurrence or worsening of the condition under treatment and interfere with anticipated outcomes. Treatment typically involves regular visits with the practitioner to monitor the status of an illness or disorder, provide direct treatment, prescribe medication or other treatment or modify a treatment protocol.

Pregnant member in second or third trimester

A member who is pregnant and in her second or third trimester shall be given the option to continue treatment and delivery with the discontinued practitioner through the post-partum period (six weeks post-delivery).

Terminally ill member

A member with a terminal illness* shall be given the option to continue treatment with the discontinued practitioner who is treating the member for an ongoing illness until the member's death.

**Defined as an illness which is likely, within a reasonable degree of medical certainty, to cause one's death within six months, or as otherwise defined in section 1861 (dd) (3) (A) of the Social Security Act (42 USC 1395X(dd)(3)(A).*

Community Care

A new member shall be given the option to continue with a non-Fallon Health provider if:

The member's employer only offers the member a choice of carriers in which said provider is not a participating provider; and Said provider is providing the member with an ongoing course of treatment or is the member's PCP. The new member may continue coverage with the provider for:

1. Up to thirty (30) calendar days for a PCP; or
2. Up to thirty (30) calendar days for a physician providing a course of ongoing treatment; or
3. Through the first post-partum visit for a pregnant member in her second or third trimester; or
4. Until the member's death for a member with a terminal illness.

Member notification

All affected members shall be notified in writing by the Fallon Health Enrollment Department within 30 calendar days prior to a provider's contract termination date. In the case of discontinued PCPs, affected members are defined as members who have designated the discontinued PCP as their primary care provider. In the case of discontinued specialty physicians, utilization data will be used to identify those members who had seen the discontinued specialist for specialty services during the preceding 24 months. In the case of a terminated hospital, the member shall be sent notice at least 60 calendar days before the contract termination.

MassHealth ACO *(Berkshire Fallon Health Collaborative, Fallon 365 Care and Fallon Health-Atrius Health Care Collaborative)*

A new member shall be given the option to continue with a non-Fallon provider as described below:

1. Fallon Health will authorize medically needed care to out-of-network providers for the first 30 days of coverage that had previously been authorized by MassHealth, or another insurer, through our Continuity of Care authorization which will be entered by Fallon Health.
2. Obstetric services for second and third trimester pregnancies outside of MassHealth ACO plan will be authorized through the 6-week post-partum visit.

Member notification

All affected members shall be notified in writing by the Fallon Health Enrollment Department within 30 calendar days prior to a provider's contract termination date. In the case of discontinued PCPs, affected members are defined as members who have designated the discontinued PCP as their primary care provider. In the case of discontinued specialty physicians, utilization data will be used to identify those members who had seen the discontinued specialist for specialty services during the preceding 24 months. In the case of a terminated hospital, the member shall be sent notice at least 60 calendar days before the contract termination.

NaviCare

A new member shall be given the option to continue with a non-Fallon provider if:

1. The provider is providing the member with a current ongoing course of active treatment; and
2. The member is undergoing 'active treatment' for a chronic or acute medical condition

There is no PCP continuity of care period for NaviCare as it is a state requirement that all SCO enrollees have a network PCP at the time of enrollment.

Providers must agree to the following conditions for coverage and approval.

1. Accept reimbursement at the rates offered; and
2. Not impose cost sharing with respect to the member in any amount; and
3. Provide NaviCare with necessary medical information related to the care provided; and
4. Adhere to Fallon Health's and or Fallon Health Vendor (DentaQuest, ASHN, Eyemed or Carelon's) policies and procedures, including procedures regarding referral, obtaining prior authorization, and providing treatment pursuant to a treatment plan, if any.

A new member may continue coverage with the provider for up to 90 days or until the member is assessed and a plan of care is implemented, whichever is sooner.

Member notification

All affected members shall be notified in writing by the Fallon Health Enrollment Department within 30 calendar days prior to a provider's contract termination date. In the case of discontinued PCPs, affected members are defined as members who have designated the discontinued PCP as their primary care provider. In the case of discontinued specialty physicians, utilization data will be used to identify those members who had seen the discontinued specialist for specialty services during the preceding 24 months. In the case of a terminated hospital, the member shall be sent notice at least 60 calendar days before the contract termination.

This 60 day requirement does not apply in the following circumstances: a hospital that has left Fallon Health's provider network without giving the full 60-day notice; a hospital whose contract Fallon Health has terminated because of emergent reasons such as a suspension or revocation of the hospital's license; certificate or legal credential; the indictment or conviction of the hospital or an agent thereof for a felony or for any criminal charge related to the rendering of health care or medical services; cancellation or termination of the professional liability insurance required by the agreement with the provider without replacement coverage being obtained.

Notification to affected members shall include information regarding assistance in choosing another contracted practitioner and referral to the Fallon Health website for a list of contracted practitioners in the member's geographic area. The member may also call Fallon Health's Customer Service Department for assistance in selecting a new PCP.

Coverage conditions
In all the above listed circumstances, continuity of clinical services will only be authorized if the provider agrees to all of the following:

1. to accept reimbursement at the rate applicable prior to the contract termination as payment in full;
2. to not impose cost sharing with respect to the member in an amount that would exceed the cost sharing according to the terms of the contract;
3. to adhere to Fallon Health's quality improvement standards and to provide Fallon Health with necessary medical information related to the care provided; and
4. to adhere to Fallon Health's policies and procedures, including procedures regarding referral, obtaining prior authorization, and providing treatment pursuant to a treatment plan, if any.

If a discontinued PCP, who is in the notification period prior to contract termination, determines that a member needs a specialty visit, the specialty referral will be processed in accordance with usual preauthorization procedures. Fallon Health's Care Services Department will work with the discontinued practitioner and member to ensure that the member is directed to an appropriate, contracted specialist to receive care and to ensure that communication is established between the specialist and the member's new PCP.

Fallon Health reserves the right to approve treatment by a non-contracted provider when it is determined that the patient's clinical condition may be compromised if such treatment is not offered.

Fallon Medicare Plus, Fallon Medicare Plus Central

The following applies to all provider terminations, either voluntary or involuntary, with the exception of those related to quality of care or provider fraud.

1. **Member undergoing active treatment**
   A member undergoing active treatment for a chronic or acute medical condition shall have access to the discontinued practitioner through the current period of active treatment or for up to 90 calendar days, whichever is shorter.

   Active treatment is treatment in which discontinuity could cause a recurrence or worsening of the condition under treatment and interfere with anticipated outcomes. Treatment typically involves regular visits with the practitioner to monitor the status of an illness or disorder, provide direct treatment, prescribe medication or other treatment or modify a
   treatment protocol.

2. **Pregnant member in second or third trimester**
   A member who is pregnant and in her second or third trimester shall be given the option to continue treatment and delivery with the discontinued practitioner through the post- partum period (six weeks post-delivery).

Member notification

All affected members shall be notified in writing by the Fallon Health Enrollment Department within 30 calendar days prior to the provider's contract termination date. In the case of an involuntarily terminated hospital, the member shall be sent such notice at least 60 calendar days before the contract termination date. In the case of discontinued PCPs, affected members are defined as the members who have designated the discontinued PCP as their primary care provider. In the case of discontinued specialty physicians, utilization data will be used to identify those members who had seen the discontinued specialist for specialty services during the preceding 24 months.

Notification to affected members shall include information regarding their option to stay with Fallon Medicare Plus and choose a new practitioner, or return to original (non-HMO) Medicare, in order to continue to see the discontinued practitioner. Included in any written notification to members, Fallon Health will provide a listing of contracted specialists known to be accepting Medicare beneficiaries and all documentation, phone numbers and contacts necessary for the beneficiary to remain or return to the system without unreasonable delay (including, but not limited to):

A. Instructions to the member on how to return to original Medicare, the non- Medicare Advantage option, and a list of contracted practitioners accepting Medicare beneficiaries,
B. Telephone numbers to contact practitioners listed;
C. Telephone numbers for Fallon Health's Customer Service and Access Nurse.

If the beneficiary chooses to remain enrolled with Fallon Health Medicare Plus, the Plan is obligated to offer care from a comparable contracted physician.

Coverage conditions

In all of the above listed circumstances, continuity of clinical services will only be authorized if the provider agrees to all of the following:

1. to accept reimbursement at the rates applicable prior to the contract termination;
2. to not impose cost sharing with respect to the member in an amount that would exceed the cost sharing according to the terms of the contract;
3. to adhere to Fallon health's quality assurance standards and to provide Fallon Health with necessary medical information related to the care provided; and
4. to adhere to Fallon Health's policies and procedures, including procedures regarding referral, obtaining prior authorization and providing treatment pursuant to a treatment plan, if any.

If a discontinued PCP, who is in the notification period prior to contract termination, determines that a member needs a specialty visit, the specialty referral will be processed in accordance with usual preauthorization procedures

Fallon Health's Care Services Department will work with the discontinued practitioner and member to ensure that the member is directed to an appropriate, contracted specialist to receive care and to insure that communication is established between the specialist and the member's new PCP.

Fallon Health reserves the right to approve treatment by a non-contracted provider when it is determined that the patient's clinical condition may be compromised if such treatment is not offered.

Clinical Practice Guidelines

Clinical Practice Guidelines are systematically developed statements designed to assist in decision making about appropriate healthcare for specific clinical conditions. Fallon Health uses guidelines to ensure high-quality, cost-effective care for selected medical problems. Therefore, the Clinical Practice Guidelines that are adopted from recognized sources and used at Fallon Health, have the following attributes.

1. The guidelines are derived from published research rather than simple expert opinion.
2. The guidelines give specific, unambiguous recommendations for care.
3. The guidelines are developed for clinical conditions where significant variations in practice can be demonstrated and for high volume clinical conditions.
4. The guidelines are reviewed at least every two years or more frequently, if guidelines change within the two-year period.
5. The guidelines are adopted in consultation with health care professionals.
6. The guidelines serve as the clinical basis for the disease management programs.

Evidence based guidelines improve the quality of care delivered and the process of care delivered. They are meant to educate and inform physicians in the same way as a textbook or journal article. The recommendations suggest how to treat the “average” patient with a particular problem. However, for most illnesses, 80-90% of patients are treated approximately the same and it is to those situations that guidelines are directed.

Fallon Health endorsed guidelines are available at https://fallonhealth.org/en/providers/criteria-policies-guidelines, or contact the Quality Department at 1-508-368-9103 for a copy.

Patient safety

Fallon Health monitors and enhances patient safety as an organizational priority, with particular focus on the following mechanisms:

1. *Clinical Peer Review,* with multiple identified sources for case reviews, and with comprehensive policies and procedures for the evaluation of possible errors of commission and omission. Corrective action plans address practitioner-specific components as well as system issues identified through peer review meetings.
2. *Outpatient Adverse Drug Events,* with proactive case finding, utilizing voluntary reporting as well as sentinel events, and with direct linkage to the peer review process for serious preventable events.
3. *Pharmaceutical Patient Safety* in collaboration with the Pharmaceutical Benefits Manager with procedures in place for point of dispensing communications to identify and classify by severity drug-drug interactions.
4. *Inpatient Care,* monitored through sentinel event reporting from case managers, as well as by regular reports submitted by contracted facilities to Fallon Health, including Leapfrog standards compliance.
5. *Screening of new drugs and technologies,* through Fallon Health's Pharmacy & Therapeutics Committee and Technology Assessment Committee, with input from national guidelines and research consortia.

Service and Quality Oversight Committee

The Fallon Health Board of Directors is the governing body of Fallon Health and is responsible for organizational governance. The Board annually approves the Quality Program, Annual Work Plans, and Program Evaluation. Fallon Health ensures the involvement of leadership and management groups, participating clinical providers, including designated behavioral health care providers as well as member and community stakeholders in the internal quality performance review process through their participation on the committees that comprise the Quality Program reporting structure. The board has designated the Board of Directors Service and Quality Oversight Committee with oversight of the department of Quality Programs.

The Service and Quality Oversight Committee and practitioners develop, implement and oversee Fallon Health's quality program. This Board of Directors committee provides oversight for the program, including clinical care, customer service, professional credentialing, member relations, utilization management, and disease care services. The Committee recommends policy decisions, analyzes and evaluates results of quality improvement activities, ensures practitioner participation in the quality program through planning, design, implementation or review, institutes needed actions and ensures follow-up as appropriate. The Service and Quality Oversight Committee fulfill the requirement of the Patient Care Assessment Committee as outlined in Article 5 of the amended and restated Corporate Bylaws of Fallon Health. The meeting minutes reflect all committee decisions and actions and are signed and dated.

Responsibilities:

The committee:

1. Ensures practitioner participation in the Quality Program through their participation in committees that comprise the Quality Program structure with annual review of committee membership and recommendations for enhancements as needed. This includes the Community Advisory Committee, a board sub-committee of the Service and Quality Oversight Committee.

2. Annually reviews and approves a comprehensive evaluation of the Quality Service Program's effectiveness for review and recommends approval to the Board of Directors.

3. Annually reviews and approves the Quality Services Program Description to ensure that the infrastructure supports the scope of the program.

4. Annually reviews and approves The Quality Services Work Plan which includes the business initiatives for the organization's Quality Services Program. Assures that the plan is aligned with the strategic plan of the organization, identifying major clinical and service initiatives, timelines, measurable outcomes and responsible staff.

5. Recommends and institutes appropriate actions and interventions to promote improved safe clinical and behavioral health care and services and evaluated the results of the actions taken.
6. Monitors reports submitted by the Clinical Quality Improvement Committee and Service Excellence Committee, which include, but are not limited to:
    - Updates or status reports on the Quality Services Business Initiatives.
    - Customer Service performance reports as measured by the CAHPS® survey and other routine and ad hoc reports.
    - Clinical quality performance as measured by HEDIS® results and other routine and ad hoc reports.
    - Disease and Care Services performance reports.
    - Pharmacy and Technology Assessment reports.
    - Utilization reports.
    - Utilization Care Services reports.
7. Recommends new or revised policies or quality initiatives based on the analysis of data received and opportunities identified.
8. Evaluates the effectiveness of the Quality Services Program with careful consideration to all aspects of the program. The Board addresses issues such as the adequacy of the resources devoted to clinical and service quality. It also uses the evaluation to determine whether to restructure or change the existing quality management program for the subsequent year.

Contact information list for providers

Fallon Health:

Physical mailing address: Fallon Health 1 Mercantile St., Ste. 400 Worcester, MA 01608
Toll Free General Number ……1-800-333-2535
Local Number ……...1-508-799-2100

Provider Relations:

(Hours of operation: Monday – Friday, 8:30 a.m. to 5:00 p.m.)

Provider Relations phone……..……...1-866-275-3247

Press #1: Customer Service/Member eligibility/benefit information

Press #2: Claims

Press #3: Referrals, medical prior authorizations, case management

Press #4: Provider Services

Press #5: Pharmacy Services

Press #6: Electronic Data Interchange (EDI), Provider Tools and ProAuth Support

Provider Relations general email: askfchp@fallonhealth.org

Provider Relations fax line: 1-508-368-9902

Provider Relations Online:
https://fallonhealth.org/en/providers.aspx

Medical and payment policies:
https://fallonhealth.org/en/providers/criteria-policies-guidelines.aspx

Provider manual:
https://fallonhealth.org/providers/provider-manual.aspx

Provider tools:
https://fallonhealth.org/providers/provider-tools.aspx

ProAuth referral and authorization frequently asked questions:
https://fallonhealth.org/providers/resources/proauth-help.aspx

Doing business with Fallon Health

Fallon Health business partners:

American Specialty Health (ASH) *For chiropractic information*
Health provider line….....1-800-972-4226

Amplifon *For Fallon Medicare Plus hearing aid information*
Health Provider Line……1-888-265-8523 (TRS 711)

Carelon *For information regarding behavioral health*
24 hr. clinical access for Fallon Health providers….....1-888-421-8861
Provider Relations….....1-781-994-7556
Fax number ….....1-781-994-7600

DentaQuest *For information and referrals regarding dental services*
Provider Services line ….....1-844-234-9829

eviCore healthcare *For prior authorization requests for outpatient radiology services*
Customer Service….....1-888-693-3211

EyeMed Vision Care *For information regarding routine vision care*
Health provider line….....1-888-581-3648

HealthCare Administrative Solutions, Inc. (HCAS) *For information about increasing efficiency and reducing administrative costs*
Main number….....1-617-246-6451

Prime Therapeutics Management LLC *For information about prior authorizations and medical benefit drug management questions*
Customer Service….....1-800-424-1740

MassHealth Accountable Care Organization (ACO) Partnership Plans
For inquiries regarding MassHealth services, benefits, or procedures
Fallon 365 Care Customer Service….....1-855-508-3390
Fallon Health-Atrius Health Care Collaborative Customer Service…...1-866-473-0471
Berkshire Fallon Health Collaborative Customer Service….....1-855-203-4660

MultiPlan, Inc./Private Healthcare Systems (PHCS)
Main number….....1-866-416-6489

OptumRx (Fallon Health's Pharmacy Benefit Manager) *For prior authorization requests of pharmacy benefit drugs. Preferred method via ePA.*

- **MassHealth ACO** *(Fallon 365 Care, Fallon Health-Atrius Health Care Collaborative, Berkshire Fallon Health Collaborative)*
  Health provider line….....1-844-720-0033
  Fax number ….....1-844-403-1029
  Electronic Prior Auth (ePA)…https://professionals.optumrx.com/prior-authorization.html

Doing business with Fallon Health

- **Community Care**
  Health provider line….....1-844-720-0035
  Fax number ….....1-844-403-1029
  Electronic Prior Auth (ePA)…https://professionals.optumrx.com/prior-authorization.html

- **Fallon Medicare Plus/Fallon Medicare Plus Central/NaviCare/Summit ElderCare**
  Health provider line….....1-844-657-0494
  Fax number ….....1-844-403-1028
  Electronic Prior Auth (ePA)…https://professionals.optumrx.com/prior-authorization.html

Payspan *For information on patient payment options.*
Payspan provider services line ….....1-877-331-7154 opt 1

Rx Savings Solutions *For questions related to lower cost prescription drug recommendations made for Fallon Medicare Plus and Fallon Medicare Plus Central members*
Main number….....1-800-268-4476

CareCentrix *For information regarding sleep studies and therapy management program*
Prior authorizations….....1-866-827-2469
Fax number….....1-866-536-3618
CareCentrix portal…….. https://www.sleepsms.com/ProviderPortal/homePage.do

Zelis Healthcare *For information on Zelis claim edits*
Health provider line….....1-866-489-9444
Fax number ….....1-855-787-2677

Fallon Health-contracted clearinghouses (for all electronic claims):

Fallon Health currently contracts with:

- **Change Healthcare** (formerly Emdeon and WebMD)
  (Payor ID #22254 for professional and institutional).....1-800-845-6592
  website: changehealthcare.com.

- **New England Healthcare Exchange Network (NEHEN)**
  Main number.....1-781-907-7210
  Website: nehen.org Email: nehen@maehc.org

- **TriZetto Provider Solutions**
  Main number.....1-800-969-3666