

03/27/2023

# Introduction to Fallon Health-Atrius Health Care Collaborative

An Accountable Care Organization (ACO) Partnership Plan



# Agenda

- Background and introduction – MassHealth ACO model, MassHealth redetermination
- Overview of Fallon Health
- Doing business with Fallon Health
- Resources
- Community partners
- Contacting Fallon Health
- Questions and answers

Administrative Addendum—Doing business with Fallon Health

# What is an ACO?

- **Accountable Care Organization (ACO):** a group of doctors, hospitals, and other health care providers, who come together voluntarily to provide better, more coordinated care, and better patient experience, at a lower cost, for an assigned patient population.
- The goal of coordinated care is to ensure that patients, especially the chronically ill, **get the right care at the right time in the right place**, while avoiding unnecessary duplication of services and preventing medical errors
- When an ACO succeeds both in delivering high-quality care and spending health care dollars more wisely, it will **share in the savings (total medical expenditures as compared to benchmark expenditures, tied to quality)** it achieves for the program, to reinvest in health programs

# Options for MassHealth members

- **Medicaid Managed Care Organization (MCO):**
  - WellSense Health Plan
  - Tufts Health Public Plans (Tufts Health Together)
- **Primary Care Clinician Plan (PCCP)**
  - Managed care plan administered by MassHealth
- **MassHealth FFS**
  - Traditional FFS plan **without PCP selection/assignment** (low volume and special circumstances)
- **Accountable Care Organization (ACO)**
  - MassHealth members not assigned to an ACO may also enroll in an ACO as long as they live in that ACO's service area.

# MassHealth ACO program goal

## **Goal:**

Improve outcomes of care and cost-effectiveness through integrated Care Coordination (CC) and Care Management (CM)

## **Objectives:**

- Keep MassHealth members aligned with their current PCP
- Support PCPs and other providers in delivering care and improve outcomes for MassHealth consumers
- Integrate and coordinate care across physical, behavioral health, LTSS and social services
- Increase cost-efficiency and decrease total cost of care
- Ensure access to care and choice
- Increase the cultural and linguistic appropriateness of services

# General Fallon Health ACO information

- PCPs can only belong to one ACO.
- Specialists can belong to multiple ACOs, MCOs and/or the PCC Plan.
- Retro referral guidelines are different for each ACO.
- Most claims are submitted directly to Fallon Health.

# Affiliated providers for each ACO

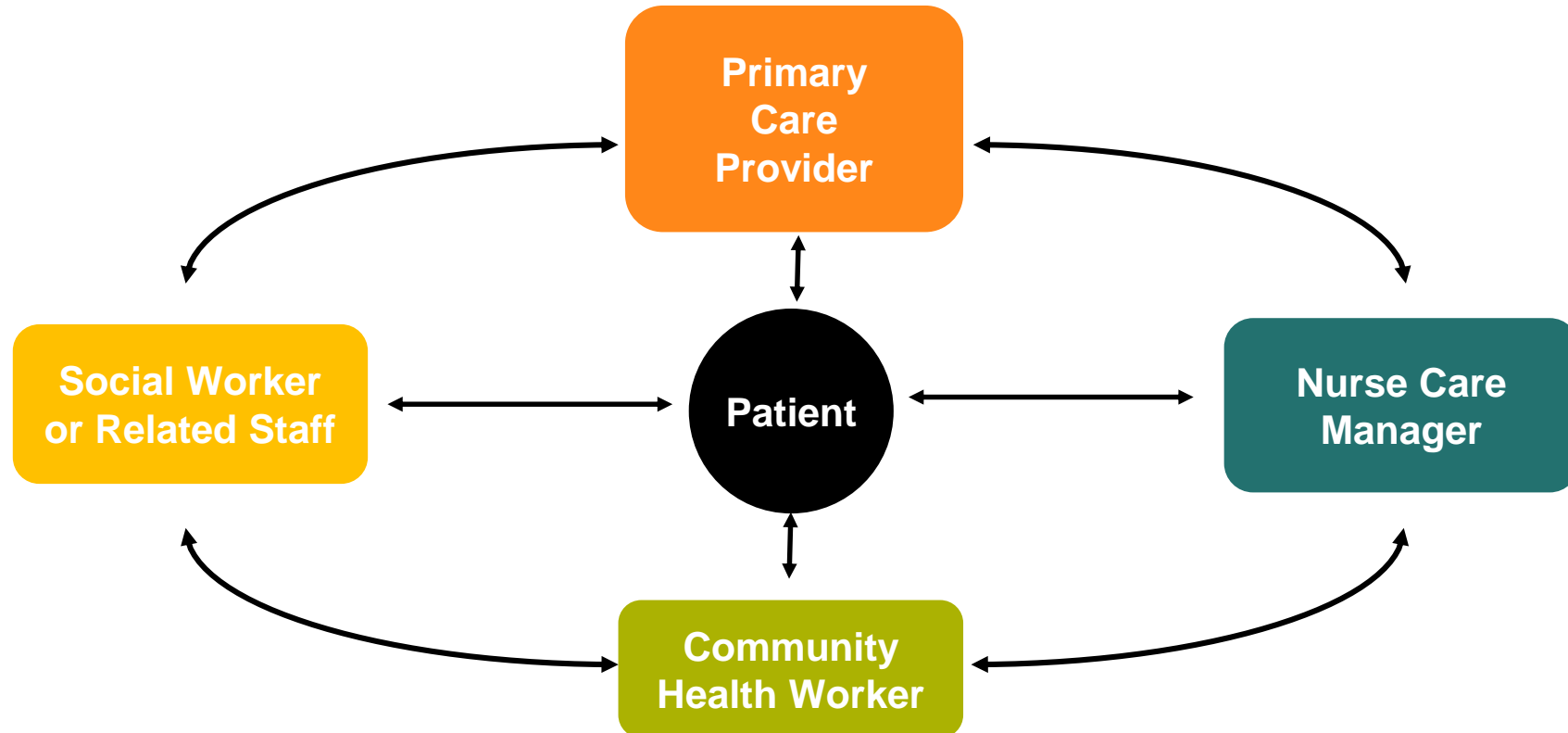
- Each core ACO group has identified preferred affiliated providers.
- Affiliated providers would have a separate contract with Fallon Health for each ACO respectively.
- Affiliated providers include specialists, ancillary providers or facilities.

# Fallon Health-Atrius Health Care Collaborative key details

- Shared risk arrangement between Atrius Health, Fallon Health, and the State
- **5 year program**, beginning April 1, 2023
- Fallon Health-Atrius Health Care Collaborative will have approximately **41,000 assigned Medicaid members**
- **PCPs are exclusive to the ACO** (cannot be in PCCP or MCO)
- Specialists may participate in multiple ACOs, MCOs, and the PCCP
- MassHealth's goal is to **keep patients aligned with their PCPs**



# Patient-centered care delivery



# Flow of patients enrolled in Fallon Health-Atrius Health Care Collaborative

Using a few different methods, including Fallon's initial telephonic brief assessment, claims, and state knowledge of pre-existing patient/community partner relationships, patients are determined to fall into one of 4 categories:

Low Risk	Special Health Care Needs (SHCN)	Long Term Services & Supports (LTSS)	Behavioral Health
<ul style="list-style-type: none"><li>Care coordination managed by Atrius Health</li></ul>	<ul style="list-style-type: none"><li>Individuals who have or who are at risk of developing complex physical and mental health needs</li><li>High utilization of health care services</li></ul>	<ul style="list-style-type: none"><li>Disabilities</li><li>Long Term chronic illnesses</li></ul>	<ul style="list-style-type: none"><li>Severe Mental Illness</li><li>Substance Use Disorders</li></ul>
	<ul style="list-style-type: none"><li>Assigned an ACO care manager</li><li>Comprehensive assessment in 90 days</li></ul>		<ul style="list-style-type: none"><li>Interdisciplinary care team and care plan formation</li><li>PCP involved in care plan and coordinates with care team</li></ul>

# MassHealth redetermination

**MassHealth members will soon need to renew their health coverage. Here's some helpful information to help them stay covered.**

## **Why is this so important?**

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

## **What can your patients do now?**

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

# MassHealth redetermination *(continued)*

**MassHealth members under 65 years old** can update their information with MassHealth online at [mahix.org/individual](http://mahix.org/individual). If they don't already have a MA Login Account, they can visit [mass.gov/masshealthlogin](http://mass.gov/masshealthlogin).

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

## What happens next?

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

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

# About Fallon Health



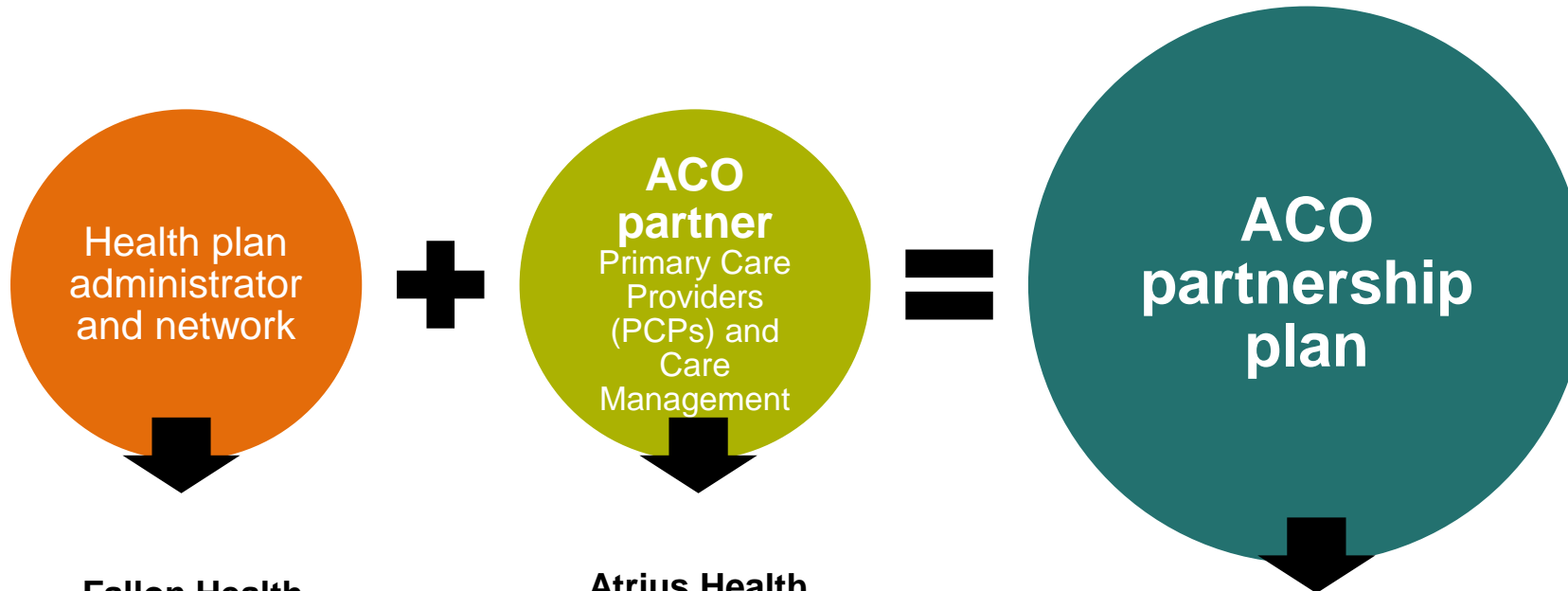
# About Fallon Health

- 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 that has been caring for MassHealth members for more than 45 years.**
- In addition to **offering innovative health insurance solutions** and a variety of Medicaid and Medicare products, we **excel in creating unique health care programs and services** that provide coordinated, integrated care for seniors and individuals with complex health needs.
- Our continued commitment to deliver high-quality health care and exceptional customer service has earned Fallon **consistent rankings from the National Committee for Quality Assurance (NCQA\*) as one of the nation’s highest-rated health plans.**

*\* NCQA is a private, non-profit organization dedicated to improving health care quality.*

# Fallon Health-Atrius Health Care Collaborative (FACC)

# ACO structure and purpose



**Fallon Health**  
A leading health care services company that has been caring for MassHealth members for more than 45 years

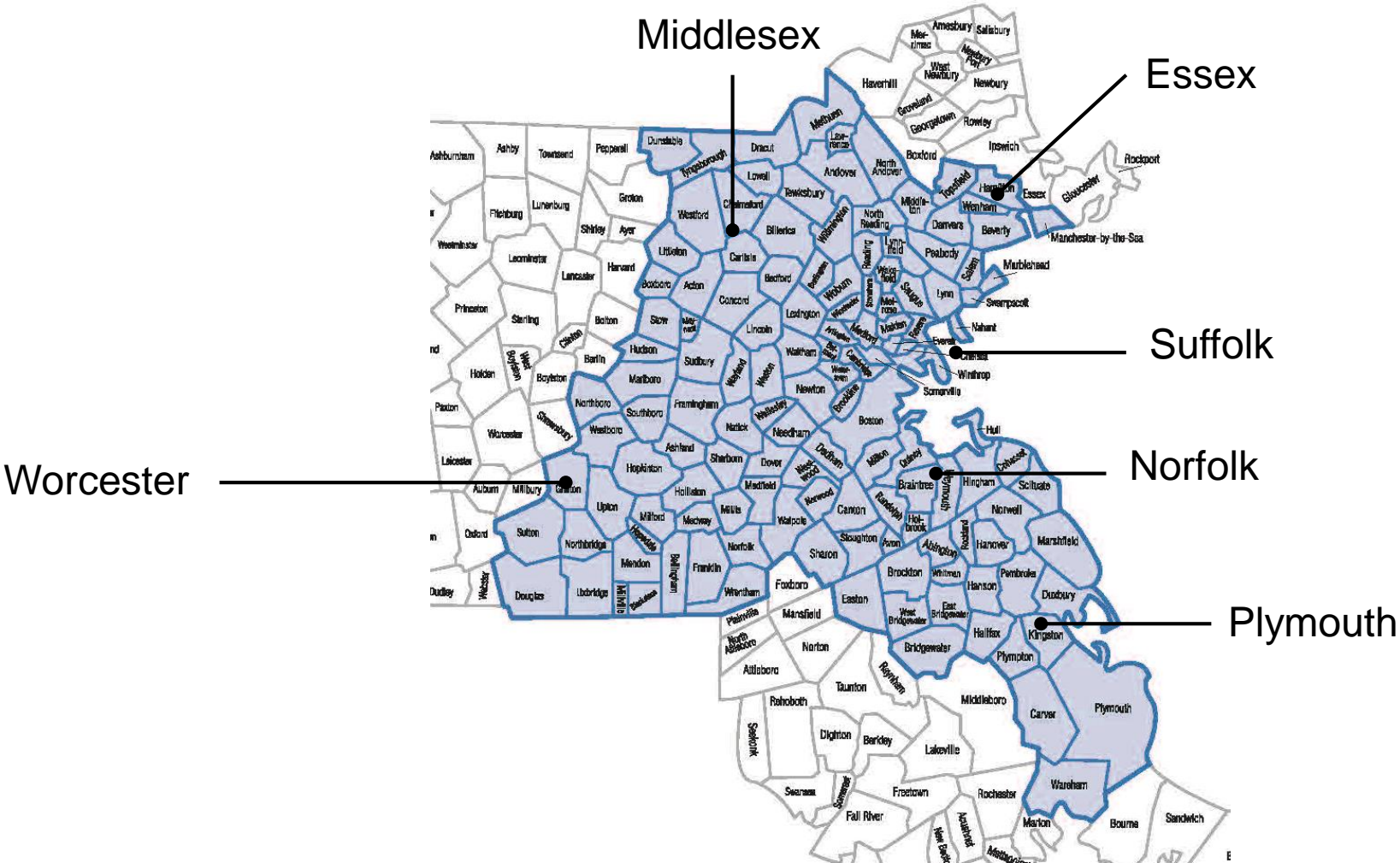
**Atrius Health**  
Entity made up of physicians and other health care providers from, or affiliated with:

- Dedham Medical Associates
- Granite Medical Group
- Harvard Vanguard Medical Associates
- PMG Physician Associates

**Atrius Health with Fallon Health**  
A MassHealth Accountable Care Organization Partnership Plan.



# Fallon Health-Atrius Health Care Collaborative service area



# Fallon Health-Atrius Health Care Collaborative (FACC) network

## **FACC is a limited network made up of:**

- Atrius Health physicians and other health care providers from, or affiliated with:
  - Dedham Medical Associates
  - Granite Medical Group
  - Harvard Vanguard Medical Associates
  - PMG Physician Associates
  - Preferred local hospitals and providers of ACO physicians – “Affiliate Providers”
- PCP referrals required for all specialists and services within the “Affiliate Provider Network”
- Prior authorizations required for all out of network providers and services

# FACC important dates

## February/March

- EOHHS mails blue envelopes to MassHealth members
- Detailed provider/staff trainings begin February 22 and carry through launch (4/1)

## March

- Mid-March (TBD) – FACC member I.D. cards sent to members

## April

- 4/1 – FACC member effective date

# Doing business with Fallon Health

# Continuity of Care

- FACC will authorize medically-needed care to out-of-network providers for the first 90 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.
- For those individuals who are not auto assigned by MassHealth, or who are not former Tufts Health Together with Atrius Health members, the Continuity of Care authorization will be 30 days.
- Obstetric services for 2<sup>nd</sup> and 3<sup>rd</sup> trimester pregnancies outside of FACC plan will be authorized through the 6-week post-partum visit.

# PCP referral vs. prior authorization

## **PCP coordination of care is the foundation for care delivery.**

Certain specialty visits, initial and follow up, may be coordinated by the PCP through a PCP referral or Prior Authorization, accordingly. Please refer to the Referral Requirements for Covered Services on [fallonhealth.org/atrushealth](https://fallonhealth.org/atrushealth).

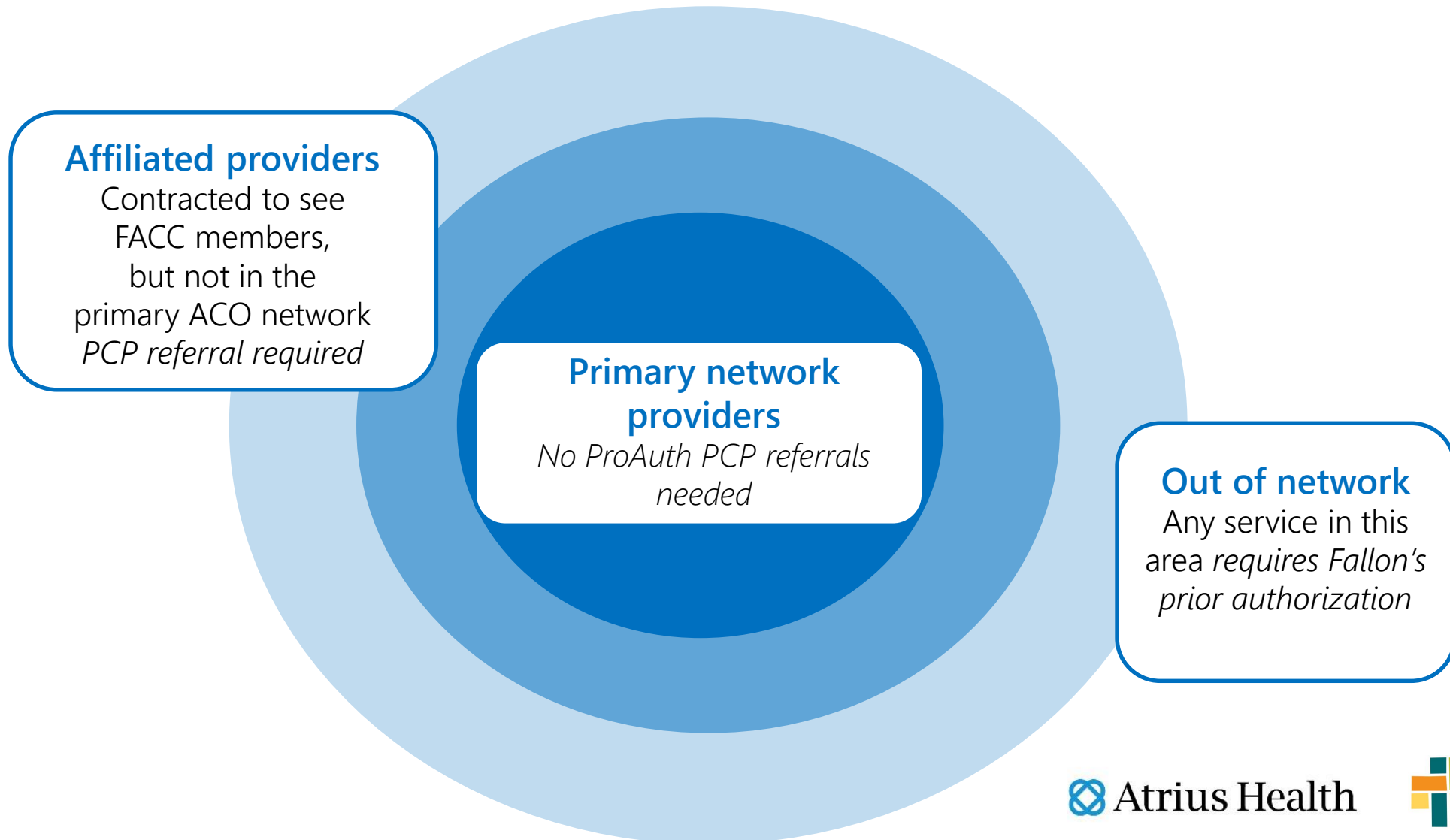
## **PCP Referrals**

- Services to an affiliated FACC provider will require a PCP referral through ProAuth.
  - The referral must be entered by the referral staff at Atrius Health via ProAuth.
  - The referral can be backdated up to 90 days from the date of service.

## **Prior authorizations**

- A prior authorization is needed when an out-of-network request is made (i.e., provider is not contracted with FACC).
- When a service requires a prior authorization, please use the procedure code look-up tool to validate services requiring prior authorization. <https://fallonhealth.org/providertools/ProcedureCodeLookup>

# FACC referrals and prior authorizations



# Gaining access to ProAuth

- To sign up for Proauth [fallonhealth.org/providertools/ProAuthRegistration](https://fallonhealth.org/providertools/ProAuthRegistration)
- New user and refresher training webinars will be available beginning at the end of March, check our website to sign up
- Approved new users will receive **an email from [noreply@fallonhealth.org](mailto:noreply@fallonhealth.org)** with login/account activation along with instructions on how to use ProAuth.
  - **Make sure you activate your account within 7 days of receipt** otherwise your account will need to be re-set



# Physical therapy and chiropractic referral procedure

- 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.
- Prior authorization needed after 60 combined PT/OT visits and 30 ST visits. Treating clinician will obtain PA.

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

# Prior authorization

**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 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
- Neuropsychological testing
- Office and facility-based procedures identified on the procedure codes list available at [fallonhealth.org/providers](https://fallonhealth.org/providers)
- Oral surgery services and treatment
- Oxygen
- Plastic reconstructive surgery and treatment
- Sleep diagnostics and therapy
- Specified durable medical equipment, prosthetics and orthotics
- Transplant evaluation

# eviCore

## 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:** 1-888-693-3210Forms 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 partners with CareCentrix, Inc. (CCX)

- Sleep diagnostic and sleep therapy management services
- CCX contracts with providers who provide services on behalf of Fallon.
- Request a service
  - Phone: 1-866-827-2469
  - Fax: 1-866-536-3618
  - Online: [sleepsms.com](https://sleepsms.com)
- **Questions?**
  - CareCentrix, Inc.
  - 1-888-497-5337

*Services performed without prior authorization will be denied.*

# Pharmacy prior authorizations

- Fallon Health collaborates with OptumRx (Fallon's Pharmacy Benefit Manager) and Magellan Rx Management to implement our prior authorization process.
- For all lines of business, **OptumRx reviews pharmacy benefit drugs** (patient self-administered drugs, including oral medications and Medicaid member diabetic testing supplies).
- **Magellan Rx Management 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>

# Optum Rx

- Fallon Health collaborates with OptumRx (Fallon's Pharmacy Benefit Manager)
- For all lines of business, **OptumRx reviews pharmacy benefit drugs** (patient self-administered drugs, including oral medications and Medicaid member diabetic testing supplies).
- More Rx prior authorization information available at:  
<http://www.fchp.org/providers/pharmacy/pharmacy-prior-authorization.aspx>

Please note: Additional information on prescribing methods and resources can be found in the Administrative Addendum at the end of this presentation

# Magellan Rx Management

Fallon Health's partnership with Magellan Rx Management. 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. Site of Service program** which offers in-home infusion therapy as a lower cost alternative for eligible members.

# Magellan Rx Management

For a refresher on how to work with Magellan Rx Management please join us for one of our educational webinars:

## **Webinar Session 1**

03/22/23 12:00PM - <https://bit.ly/FACCSession1>

## **Webinar Session 2**

03/30/23 10:00AM - <https://bit.ly/FACCSession2>

## **Webinar Session 3**

04/11/23 12:00PM - <https://bit.ly/FACCSession3>

If you have any questions, please contact the Magellan Rx Management team at 800-424-1740 or [MRxPR@MagellanHealth.com](mailto:MRxPR@MagellanHealth.com).



# Pharmacy formulary updates

## **Fully Unified ACO Formulary beginning April 1, 2023**

Beginning April 1, 2023, our ACO population will transition from a partially unified formulary to a fully unified formulary with MassHealth and MCO organizations across Massachusetts. Please continue to find more information on this topic upcoming on our [website](#).

## **Implementation of adult prescription stimulant restrictions**

As of April 1, 2023, prior authorization will be required for adult members 21 years of age and older who are newly starting (defined as anyone who has not filled a stimulant within the last 90 days) any stimulant medication. The criteria will require an appropriate diagnosis for the use of the stimulant medication and any other applicable unique criteria to the requested drug, as well as any applicable quantity limits.

## **90 day supply program change**

Beginning April 1, 2023, the ACO 90-day supply program will be following the [MassHealth 90-day supply program](#). More information is available in the [MassHealth All Provider Bulletin](#) from November 2022.

# Carelon Behavioral Health, formerly Beacon Health Options

- Carelon Behavioral Health is the vendor Fallon Health uses for behavioral health and substance use disorder services.
- For all services, provider questions, referrals and claims that are behavioral health and substance use disorder related, reach out to Carelon directly: 1-781-994-7556

# EyeMed

- EyeMed is the vendor Fallon uses for routine vision services
- For these services, providers can reach out to EyeMed directly: 1-800-521-3605

# Non ACO, MassHealth covered services

There are a particular set of services that are not covered by the health plan—they are covered through MassHealth directly. Fallon Health and the ACO provider partners are still required to help coordinate care for members needing these services.

- Abortion
- Adult Dentures
- Adult Day Health
- Adult Foster Care
- Chronic, Rehabilitation Hospital, or Nursing Facility Services (over 100 days per Contract Year per Enrollee)
- Day Habilitation
- Dental
- Digital Therapy Products -Digital therapy products designated by EOHHS.
- Group Adult Foster Care
- Isolation and Recovery Site Services
- Keep Teens Healthy
- Personal Care Attendant
- Private Duty Nursing/Continuous Skilled Nursing
- Transitional Support Services (TSS) for Substance Use Disorders (Level 3.1)
- Transportation (non-emergent, to in-state location or location within 50 miles of the Massachusetts border)
- Vision Care (non-medical component)- prescription and dispensing of ophthalmic materials, including eyeglasses and other visual aids, excluding contacts.

# Community partners

Behavioral Health (BH) and Long Term Services and Supports (LTSS) Community Partners are community based entities who work with ACOs and MCOs to provide care management and coordination for members with significant behavioral health needs and complex LTSS needs such as developmental disabilities or brain injuries.

A provider may make a referral for BH or LTSS services or ask questions about Community Partner services to [cp.referrals@fallonhealth.org](mailto:cp.referrals@fallonhealth.org)

For more information on the Community Partner program

<https://www.mass.gov/guides/masshealth-community-partners-cp-program-information-for-providers>

# Resources

# Your Fallon Health points of contact

**Fallon Provider Relations | 1-866-275-3247**

or

[Michele.Carlson@fallonhealth.org](mailto:Michele.Carlson@fallonhealth.org) 508-368-9396

- Prompt 1 | **Customer Service** *(to determine member eligibility or benefit information)*
- Prompt 2 | **Claims**
- Prompt 3 | **Referrals, Prior Authorizations or Case Management**
- Prompt 4 | **Provider Services**
- Prompt 5 | **Pharmacy Services**
- Prompt 6 | **EDI Coordinators, Help Desk**

## Fallon Health business partners

- **American Specialty Networks (ASH)** 1-800-972-4226
- **Carelon Behavioral Health** 1-781-994-7556
- **CareCentrix** 1-866-827-2469
- **EyeMed Vision Care** 1-800-521-3605
- **HealthCare Administrative Solutions, Inc (HCAS)** 1-617-246-6451
- **eviCore** 1-888-693-3211
- **Zelis** 1-866-489-9444



# Contact information for your patients

## **For questions about Fallon Health-Atrius Health Care Collaborative**

- Your patients can call Fallon Health at the FACC-dedicated phone line—1-866-473-0471 (TRS 711) 8 a.m. to 6 p.m., Monday – Friday, or visit [fallonhealth.org/atriushealth](https://fallonhealth.org/atriushealth)

## **For questions about MassHealth**

- Your patients can call MassHealth at 1-800-841-2900 (TTY: 1-800-497-4648), 8 a.m. to 5 p.m., Monday – Friday, or visit [masshealthchoices.com](https://masshealthchoices.com)

# Questions and comments

# Administrative Addendum- Doing business with Fallon Health

# Fallon credentialing process

## HealthCare Administrative Solutions, Inc. (HCAS) member

- Fax HCAS enrollment form\*, W-9 and/or signature page
  - 1-508-368-9902
  - Form available at [hcasma.org](http://hcasma.org)
    - “Credentialing Resources”
    - “HCAS Provider Enrollment Form” (under Resource Document heading)
- Applications are no longer mailed. If no existing Council for Affordable Quality Healthcare (CAQH), the provider or delegate can go online, enter required fields and the CAQH will be auto generated.
- Register and log in to CAQH at [caqh.org](http://caqh.org) to complete the Integrated Massachusetts Application (IMA).
- For questions or assistance with IMA process, call CAQH at 1-888-599-1771.

*\* Enrollment form must be completed by a designate at IPA/PHO/group level.*

# Keeping your information current

Fallon Health is committed to ensuring we have the most accurate information in our provider directories. Fallon along with many other payors in the state, we continue to work with HealthCare Administrative Solutions, Inc. (HCAS) and CAQH for a more streamlined process for directory updates.

## **Provider Tasks:**

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

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

For more information about DirectAssure, please visit [HCAS](#).

# Rx prior authorization requests

## Process for patient self-administered drugs (pharmacy benefit)

- **Online** through OptumRx's ePA [tool](#)
- **Fax** or call OptumRx based on member's plan

# OptumRx

## Fallon's Pharmacy Benefits Manager (PBM)

### Prior authorizations

For more information about OptumRx prior authorizations:

- Submitting a PA request – <https://professionals.optumrx.com/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—prescribing for mail order pharmacy

## 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.



# OptumRx—prescribing for specialty medications

## 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*

# 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\*:**

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

## **Clearinghouses/Billing agencies\*\*:**

- Change Healthcare: Payor ID #22254 for professional and institutional
- NEHEN
- TriZetto

*\*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

<https://fallonhealth.org/providers/forms>

- 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

# 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:**
  - 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's EDI Coordinators at [edicoordinator@fallonhealth.org](mailto: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
- <https://www.payspan.com/>

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

# Provider appeals

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

- Universal Request for Claim Review Form <https://fallonhealth.org/providers/forms>
  - 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\*.
- Must be submitted in writing.
- All pertinent documentation substantiating request must be included.
- 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.*

# Zelis™

- Fallon Health uses an integrated claims editing tool offered by Zelis.
  - The tool closely evaluates claims for adherence to industry-recognized edits and guidelines. This review ensures compliance with payment policies and standard coding practices.
- Providers will find a message on the RAS and/or the 835 file indicating an edit was applied by Zelis.
- Questions related to a Zelis edit should be directed to Zelis.
  - 1-866-489-9444
- Corrected claims for Zelis edits should be sent to Fallon Health.
  - Paper corrected claims require:
    - A completed *Request for Claim Review Form* <https://fallonhealth.org/providers/forms>
    - A corrected claim
  - UB and CMS 1500 claim adjustments (Use frequency code 7 for 1500 claims.) Use replacement claim bill type ending in 7

*Please note: Corrections/appeals must be sent within 120 days of the RAS date.*



- Zelis appeals require:
  - A completed *Request for Claim Review Form* explaining the reason for the dispute, including contact information and a fax number
  - A copy of the original claim billed
  - A copy of the RAS, including the denial
  - All pertinent medical records and or reports necessary for reconsideration of the claim
- Appeals requiring review of a Zelis edit should be mailed or faxed to Zelis:
  - Zelis Claims Integrity, Inc.
  - 2 Crossroads Drive
  - Bedminster, NJ 07921
  - Attn: Appeals Department
  - Fax: 1-855-787-2677

# Online provider tools

In addition to **EDI 270 Eligibility, Coverage and Benefit inquiry transactions**, providers can use Fallon's online provider tools for accessing:

- Eligibility verification
- Claims metrics reports
- Secure file transfers
- PCP panel reports
- Referral monitoring report

## To register

- Fill out the online form
  - <https://fallonhealth.org/providers/provider-tools/provider-tools-registration>
- Receive username and password within 15 business days

# Fallon Health provider website

Fallon Health provider site located at: <http://www.fchp.org/en/providers.aspx>

## Offers:

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