# Dedicated to providing excellent service

- Fallon Health representative assigned to each provider
- Face-to-face service
- Individual or staff education sessions—during or after regular business hours
- Provider Services Department
  - 1-866-275-3247, option 4
  - Monday, Tuesday, Thursday and Friday, 8:30 a.m.– 5:00 p.m.; Wednesday, 10:00 a.m.–5:00 p.m.

- **Lindsay Gagnon**
  - **Direct line:** 1-508-368-9783
  - **Fax:** 1-508-368-9902
  - **Email:** Lindsay.gagnon@fallonhealth.org

# Agenda

- About Fallon Health

- Fallon Health plans

- Doing business with Fallon Health

- News and Announcements

- Keeping you connected

- Contacting Fallon Health

# About Fallon Health

# About Fallon Health

- Fallon Health is a company that cares. We prioritize members—always—making sure they get the care and services they need and deserve. Ensuring high quality and excellence is the basis of everything we do, and our mission—**improving health and inspiring hope**—guides every decision we make.

- As a not-for-profit health care services organization that is **both an insurer and provides care**, Fallon Health works closely with providers, community leaders, government organizations, and others to enhance care and services.

- We deliver equitable, high-quality coordinated care focused on member experience, service, and clinical quality.

# Fallon Health plans

# Contracted Plans

**Individual and small group plans**
- Fallon Health Community Care
  (MA Health Connector)

**MassHealth Standard eligible seniors**
- NaviCare® HMO SNP (a Medicare
  Advantage HMO Special Needs Plan)
- NaviCare® SCO

**PACE program**
- Summit ElderCare®

# Community Care

- Low-cost plans offered to individuals and small employer groups (up to 50 employees) through the Massachusetts Health Connector (Health Insurance Exchange).

- Individuals and families who shop for coverage through the Health Connector may qualify for financial assistance to lower their monthly premium.

- ConnectorCare plans are available to low-income individuals and families who do not qualify for Medicaid, Medicare or other government health insurance programs, and do not have access to affordable employer-sponsored insurance.

- ConnectorCare plans have low premiums and out-of-pocket costs, and no deductibles.

- ConnectorCare members account for more than 90% of the Community Care membership.

# What is NaviCare?

- A Medicare Advantage Special Needs Plan (SNP) and Senior Care Options Program (SCO)

- **Innovative program for low-income seniors**

- Members must be age 65, or older, and have MassHealth Standard.

- **Members may change their PCP at any time,** but they must always select a NaviCare-contracted PCP as part of their Primary Care Team.

- **Continuity of Care** covers new members so they can transition safely from non-participating providers to NaviCare-contracted providers for up to 90 days, depending on the provider and coverage.

- Service area includes all of the cities and towns in Massachusetts, except those in Nantucket and Dukes counties.

# 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 services
- Documents and complies with advance directives about the patient's wishes for future treatment and health care decisions
- Receives patient's care plan and provides input when needed

**Behavioral Health Case Manager:** *(as needed)*
- Identifies and coordinates services to support patient's emotional health and well-being
- Supports your patients through transition to older adulthood
- Helps connect patients with their Care Team, mental health providers, and substance-use counselors, if present

**Clinical Pharmacist:** *(as needed)*
- Visits patient after care transition to perform a medication reconciliation and teaches them proper medication use
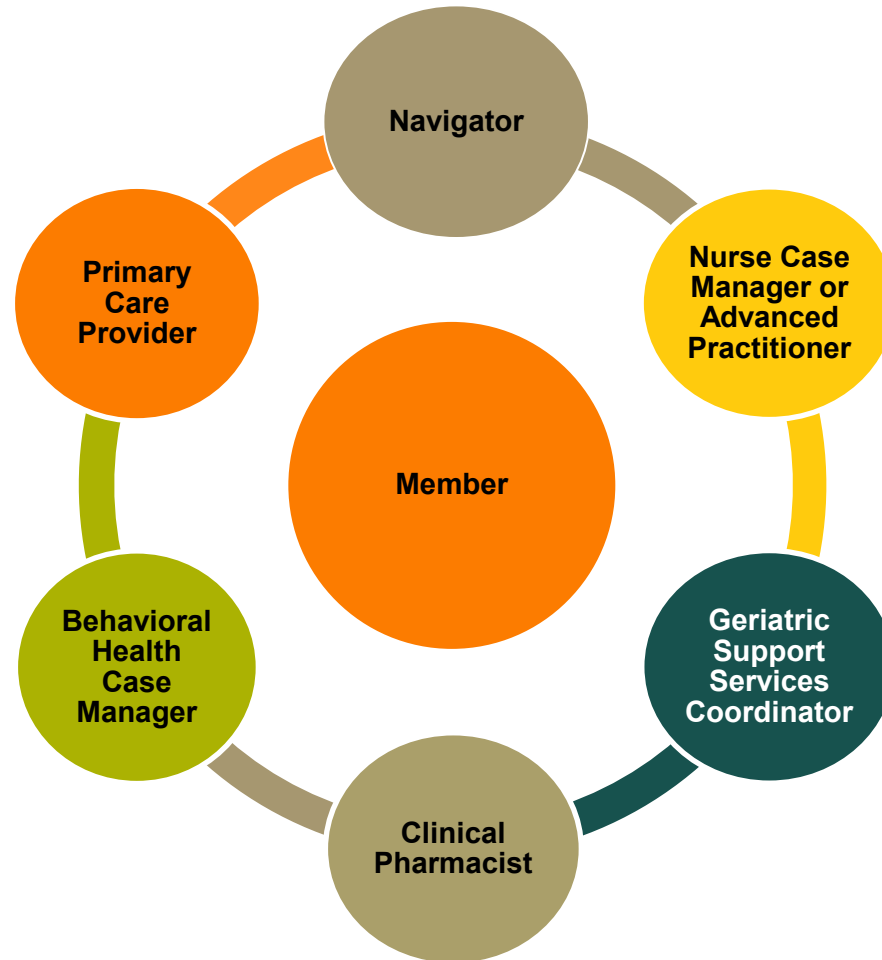
**Navigator:**
- Educates patients about benefits and services
- Educates patients about—and obtains their approval for—their care plan
- Assists in developing patient's care plan
- Helps patients make medical appointments and access services
- Informs Care Team when patient has a care transition

**Nurse Case Manager or Advanced Practitioner:**
- Assesses clinical and daily needs
- Teaches about conditions and medications
- Helps patients get the care they need after they're discharged from a medical facility

**Geriatric Support Services Coordinator employed by local Aging Services Access Points (ASAPs):** *(if patient is living in own home)*
- Evaluates need for services to help patients remain at home and coordinates those services
- Helps patients with MassHealth paperwork
- Connects patients with helpful resources

Navigator

Primary Care Provider

Nurse Case Manager or Advanced Practitioner

Member

Behavioral Health Case Manager

Geriatric Support Services Coordinator

Clinical Pharmacist

# What is Summit ElderCare (PACE)?

- Program of All-inclusive Care for the Elderly (PACE) – helps older adults with chronic care needs continue to live safely and independently at their home and community

- Provides an all-inclusive solution including medical care, prescription drug coverage, care management and support, behavioral health services, social support, in-home care services, adult day health, health insurance and much more

- Team of health care professionals–with expertise in geriatrics–who provide participants with coordinated care

- PACE centers provide a central location where participants can receive medical care, social support, and adult day health services

- Nationally-recognized program that is supported and regulated by government programs– Medicare and Medicaid (MassHealth)

# Summit ElderCare – The Care Team
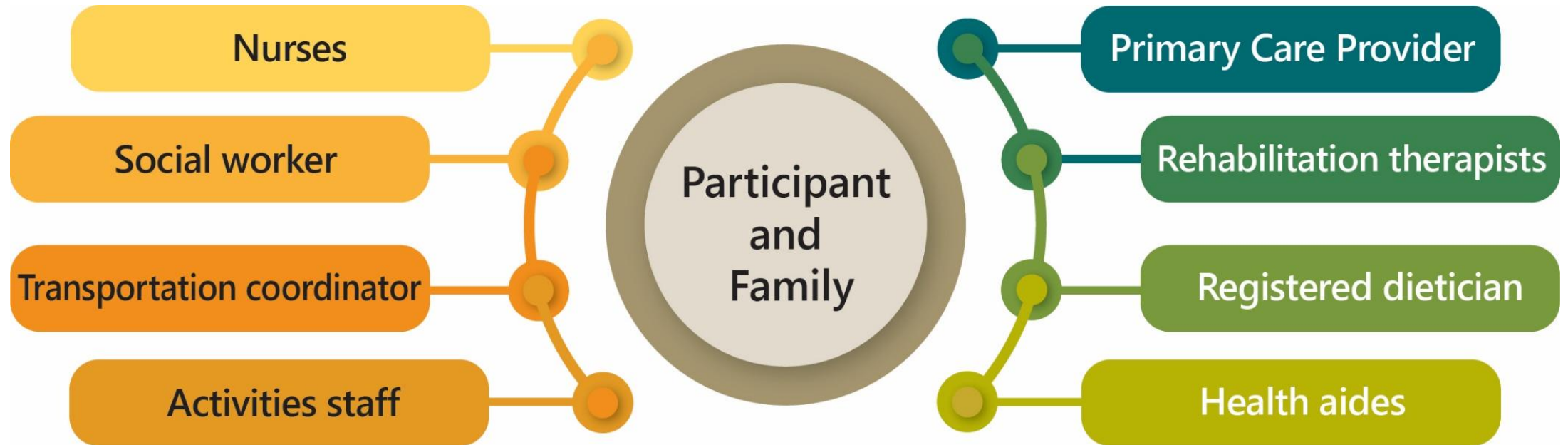


- Care and services are coordinated by a Care Team of geriatric experts across multiple disciplines who work with participants and their caregivers to develop an individualized plan of care. **All services are authorized by Summit ElderCare.**
- Participants have access to health insurance, medical care and adult day health services in one location, social support, transportation and in-home services.

# Doing business with Fallon Health

# PCP referral information

**Referrals for specialty care are required for Community Care and NaviCare plans.**

- PCP coordination of care is the foundation for care delivery.

- All specialty visits, initial and follow up, must be coordinated by the PCP; specialists cannot refer to other specialists.

- Some office-based procedures require prior authorization. Use the Fallon Health procedure code look up tool to check PA requirements: http://www.fchp.org/providertools/lookup/

- If the PCP refers a member for non-covered benefits, or to non-contracted providers, the PCP's referral becomes void, as these situations require plan prior authorization.

# Process for Community Care members

- The PCP refers the member to a specialist within the member's product for medically necessary care.
- PCP contacts the specialist and provides the PCP's name, NPI number, the reason for the referral and number of visits approved.
- Referral should be documented in member's medical records for both PCP and specialist.
    - Fallon Health reserves the right to audit medical records to ensure specialty referral was obtained. Lack of proof of referral may result in claims retractions.
- The specialist verifies member's eligibility through the Fallon Health online eligibility tool, POS device or by contacting Fallon Health at 1-866-275-3247, prompt 1
- The specialist treats the member according to the PCP's request and exchanges clinical information with the member's PCP.
- The specialist places the PCP's NPI number in the appropriate field on their claim when submitting to Fallon Health.
- There is a **120-day** retro referral timeframe allowed for Community Care members.

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

# Process for NaviCare members

- The PCP refers the member to a specialist within the member's product for medically necessary care.

- The PCP enters a referral into the ProAuth system, indicating the in-network specialist, timeframe and number of visits approved,

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

- The specialist verifies member's eligibility and verifies the referral is on file and approved in ProAuth prior to seeing the member.

- The specialist treats the member according to the PCP's request and exchanges clinical information with the member's PCP.

- There is a **90-day** retro referral timeframe allowed for Fallon Medicare Plus, Fallon Medicare Plus Central and NaviCare members.

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

# Prior authorization for all Fallon Health products

**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

- Office-based procedures identified on our procedure code look-up tool–available at [fallonhealth.org/providers](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

# No retro prior authorizations

**Fallon Health and our vendor partners will no longer 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.
- **Vendor partners:** The change is being implemented by vendor partners as well.
- **Retrospective authorization:** Requests made after the service was delivered will receive a denial notice.

# Referral and prior authorization guidelines by product

| Product | Referral requirements | Prior authorization requirements |
|---|---|---|
| **Community Care** | NPI process, 120 retro ref allowed | Prior authorization number required, no retro requests allowed |
| **NaviCare** | Referral number, 90 retro allowed | Prior authorization number required, no retro requests allowed |
| | | |
| | **Referral number requested through and obtained in ProAuth.** | **Prior auth is requested and obtained in ProAuth and must be in an approved status for consideration of claims payment.** |
| | *\*\*\*Current pause on referrals per MassHealth however the plan is encouraging referral entry.* | |

# Gaining access to ProAuth

**ProAuth allows providers to electronically enter prior authorizations and referrals.**

- For access, complete the online form at https://www.fchp.org/providertools/ProAuthRegistration, OR…

- Complete the ProAuth Enrollment form and email to AskFCHP@fallonhealth.org or send by fax to (508) 368-9902.

- **Requests for adding new providers** to an existing individual ProAuth user account should be emailed to AskFCHP@fallonhealth.org with full name of user, email address, group name, group NPI, provider name, and provider's NPI.

- All new user applications will be processed by Fallon Health within 14 business days.

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

***Make sure you activate your account within 7 days of receipt, or your account will need to be reset.***

# Translation services

- Fallon Health offers free audio translation services for our members in over 350 languages.

- If a member needs translation assistance, they can contact Fallon Health's Customer Service Department at 1-800-868-5200 Monday, Tuesday, Thursday, and Friday from 8 a.m. to 6 p.m., and Wednesday from 10 a.m. to 6 p.m.

- Please see the next slide for available languages. Languages listed may belong to a language family, and all languages, dialects, or spellings may not be listed.

Acehnese**
Achi (K'iche')**
Acholi **
Afar**
Afghani
Afrikaans**
Akan**
Akateco**
Albanian
Amharic
Amoy (Xiamen Hokkien)**
Anuak **
Apache**
Arabic
Arabic (Algerian)
Arabic (Egyptian)
Arabic (Hassaniya)**
Arabic (Jordinian)
Arabic (Levantine)
Arabic (Moroccan)
Arabic (Sudanese)
Arabic (Tunisian)
Arabic (Yemeni)
Arakanese**
Aramaic
Armenian
Asanti (Twi)**
ASL
Azeri (Azerbaijani)**
Badini**
Bahasa (Melayu)**
Bajuni (Tikulu/Swahili)
Bambara**
Bashkir**
Basque**
Bassa**
Belarusian**
Belize Creole English**
Bemba*
Bengali
Berber**
Bini (Edo)**
Bisaya (Visaya)**
Bosnian

Brazilian Portuguese
Bulgarian
Burmese
Calabrese**
Cambodian (Khmer)
Canadian French
Cantonese
Cape Verde Creole
Carolinian**
Castellano (Castilian)
Catalan**
Cebuano**
Central Khmer
Chaldean (Neo-Aramaic)**
Chamorro**

*On-demand languages of limited diffusion. Please anticipate longer wait times to connect (5-10 minutes).
**Languages of very limited diffusion. While attempting to connect on-demand is possible, please anticipate much longer wait times. It is strongly recommended to schedule these languages in advance rather than attempting to connect on-demand. This list may not be comprehensive of all languages and dialects we serve. Please reach out to us for any language needs you have.*

Chao-Chow**
Cherokee**
Chichewa**
Chin
Chin (Falam)
Chin (Hakha)

Chin (Lai)
Chin (Lautu)**
Chin (Mizo)
Chin (Tedim)
Chin (Zo, Zomi)**
Chin (Zophei/Zyphe)**
Chinese (Cantonese)
Chinese (Chaozhounese/Choujo/Teochew)**
Chinese (Fukienese/Min Nan/Hokkien)**
Chinese (Fuzhounese/Min Dong)**
Chinese (Hainanese)**
Chinese (Hakka/Kejia)**
Chinese (Hokkien)**
Chinese (Lanyin/Lanzhounese)**
Chinese (Mandarin)
Chinese (Puxian)**
Chinese (Shanghainese)**
Chinese (Sichuanese)**
Chinese (Taishanese/Toisanese)**
Chinese (Taiwanese/Mandarin/Hokkien/Hakka**)
Chinn Matu**
Choujo **
Chuj**
Chuukese (Trukese/Carolinian)**
Cotocoli (Tem)**
Creole
Croatian
Cupik**
Czech
Danish*
Dari
Dinka **
Dioula (Dyula/Jula)**
Dutch
Edo**
Egyptian (Arabic)

Esperanto
Estonian**
Ethiopian
Ewe**
Falam
Fanti**
Farsi
Filipino
Finnish**
Flemish**
Fon**
French
French Canadian
French Creole
Fujian
Fukienese**
Fulani (Fula/Pulaar)**
Fulde**
Fur
Fuzhou**
Ga **
Ganda (Luganda)**
Garre**
Georgian**
German
Gheg**
Goya **
Greek
Guarani**
Guere**
Guinea-Bissau Creole**
Gujarati
Gusii (Ekegusii)**
Hainanese**
Haitian Creole
Hakha Chin
Hakka-Chinese
Harari**
Hassaniya**
Hausa**
Hazaragi**
Hebrew*
Hiligaynon (Ilonggo)**
Hindi
Hindko **

Hmong
Hokkien**
Hunan **
Hungarian*
Ibanag
Ibo
Icelandic**
Igbo**
Ilocano (Iloko/Filipino)**
Ilonggo (Hiligaynon)**
Inabu Arabuc
Indonesian
Iranian Farsi
Italian
Ixil**
Jamaican (Patois)
Jamaican Creole
Japanese
Jarai**
Javanese
Jiangsu**
Jordanian Arabic
Jula
K'iche (Quiche)**
Kabye**
Kachin**
Kamba**
Kandahari**
Kanjobal (Q'anjob'al)**
Kannada**
Kapampangan**
Kaqchikel**
Karen
Karenni (Kayah/Red Karen)**
Kayah**
Kazak**
Kazakh**
Kejia
Khmer (Cambodian)
Kikuyu (Gikuyu)**
Kinyarwanda (Kinyamulenge)
Kirghiz
Kirundi**

Kisii**
Kiswahili
Kituba**
Kizigua (Kizigula/Mushunguli)**
Kongo (Kikongo)**
Konkani**
Korean
Kosraean**
Kotokoli**
Kpelle**
Krahn**
Krio (Sierra Leone Creole)**
Kunama**
Kurdish
Kurdish Kurmanji
Kurdish Sorani
Kyrgyz*
Lanzhou**
Lao (Laotian)
Latvian*
Lautu (Chin)**
Levantine (Arabic)
Lingala*
Lithuanian*
Lorma (Loma)**
Luganda (Ganda)**
Luhya
Luo**
Maay Maay (Mai Mai)
Macedonian*
Mai Mai
Malagasy**
Malayalam
Malaysian (Bahasa Melayu/Indonesian)**
Malinke**
Mam**
Manado Malay**
Mandarin
Mandinka (Mandingo)**
Mara**
Marathi**
Marshallese*

Masalit**
Matu**
Mbay**
Mende**
Mien**
Mina (Hina)**
Minangkabau**
Mirpuri**
Mixteco Alto**
Mixteco Bajo**
Mizo**
Moldovan**
Mon**
Mongolian**
Montenegrin **
Moore**
Mushunguli**
Navajo**
Neapolitan**
Neo-Aramaic (Assyrian/Chaldean)**
Nepali
Newari**
Nigerian (Pidgin)**
Norwegian**
Nuer**
Oromifa
Oromo
Pahari**
Pampangan
Pashto
Patois (Jamaican)
Persian
Pidgin (Cameroonian)**
Pidgin (Nigerian)**
Polish
Ponapean/Pohnpeian**
Popti**
Portuguese (Brazilian)
Portuguese (European)
Portuguese Creole
Pothwari**
Pulaar**
Punjabi
Puxian**

Qeqchi**
Quechua**
Quiche**
Rohingya
Romanian
Runyankore**
Russian
Samoan*
Sango**
Sarahuli
Saraiki**
Sarikoli**
Senthang**
Serbian
Serbo-Croatian
Shan**
Shona**
Sicilian**
Sinhalese**
Sizang (Siyin)**
Slovak**
Slovene**
Somali
Soninke (Sarahuli)**
Sorani**
Spanish
Susu**
Swahili (Kiswahili)
Swedish
Sylheti**
Tagalog (Filipino)
Taiwanese
Tajik**
Tamil**
Telugu
Temne**
Teochew**
Tetum**
Thai
Tibetan**
Tigre**
Tigrinya
Tongan
Tosk**
Trukese**

Tshiluba**
Tunisian
Turkish
Turkmen**
Twi (Asanti)**
Ukrainian*
Urdu
Uspanteko**
Uyghur**
Uzbek*
Vietnamese
Visaya (Bisaya)**
Wolof**
Xhosa**
Yiddish**
Yoruba*
Yup'ik**
Zapotec**
Zo, Zomi**
Zophei/Zyphe**
Zulu**

*\*On-demand languages of limited diffusion. Please anticipate longer wait times to connect (5-10 minutes). \*\*Languages of very limited diffusion. While attempting to connect on-demand is possible, please anticipate much longer wait times. It is strongly recommended to schedule these languages in advance rather than attempting to connect on-demand. This list may not be comprehensive of all languages and dialects we serve. Please reach out to us for any language needs you have.*

# Keeping your information current

Fallon Health partners with Council for Affordable Quality Healthcare (CAQH) for validation of provider directory information.

Keeping in line with federal and state requirements there are tasks that must be completed by our providers.

- If you do not complete the attestation of the provider information, please share  this information with those who do.

- Please continue to share the *Connection* newsletter with the staff updating CAQH, as this is where Fallon Health shares important updates.

- Indicate and accept that Fallon Health is an insurer you do business with, as this will allow Fallon Health to access the provider and accept information and updates through this process.

# Keeping your information current *(continued)*

**Once you are enrolled in the CAQH process:**

- Review and attest to the provider information in the CAQH Provider Directory Management Solution every 90 days, to keep information current.

- If you do not attest, you will be considered a non-responder—this will prompt calls to your office.

- If you make an update in CAQH, you must attest—again—for the information to be shared with the health plans.

- If you do not indicate Fallon Health as a health plan that you participate with, this will prompt outreach calls to your office.

If there are any questions about this process, reach out to your Provider Relations representative. For more information about the CAQH Directory Management process, visit HCAS.

# News and Announcements

# Integrated Home Care Services (IHCS)

**Effective July 1, 2025, DME and home health service requests for Fallon Health patients—excluding PACE—will need to be submitted directly to IHCS.**

IHCS will coordinate your patients covered DME and home health services with an in-network Fallon Health provider, effectively reducing your administrative burden.

**Please note:** The list of DME items is expanding to all categories, excluding orthotics and prosthetics, PERS, diabetic supplies, and CPAP/BIPAP.

If you're currently contracted with Fallon Health to provide your patients with DME items—like crutches, splints, nebulizers, or canes—you can continue to do so, but you will need to notify IHCS and let them know who your DME supplier is.

- Fax all prescriptions, medical orders, and/or discharge orders to IHCS at 1-844-215-4265.
- If you have any questions or need assistance with an order, you can call IHCS at 1-844-215-4264.

# IHCS *(continued)*

*General Trainings*

- **Hospital and Physician / Specialists**- https://calendly.com/ihcsprovidertraining/fallon-health-referral-source-general-training

- **Provider Home Health**- https://calendly.com/providertraining-1/ihcs-medtrac-portal-training-hh-hi-version2

- **Provider DME**- https://calendly.com/providertraining-1/ihcs-medtrac-provider-portal-training-dme

# Telehealth/Telemedicine

- Fallon Health will be following the Medicare decision on the new telemedicine codes for **Community Care**.

- CMS is not adopting the new telemedicine codes, except for CPT 98016.

- Providers may use the standard office visit codes 99202-99215 for video and audio visits and indicate the type of visit by using a modifier
  - 93 for audio only
  - 95 for video only
  - POS 02 and 10 as appropriate

# Neuropsychological testing process change

- **Beginning June 1, 2025,** all claims for psychological and neuropsychological testing—including both medical and behavioral health primary diagnoses—should be submitted to Carelon Behavioral Health, Inc.

- Carelon has contracted with Availity Essentials ("Availity") as their primary clearinghouse.

- When using the services of a clearinghouse, providers must reference Carelon's Payer ID, BHOVO, to ensure Carelon receives those claims.

- If you are unable to submit claims electronically, please submit paper claims to:

  Carelon Behavioral Health

  P.O. Box 1866

  Hicksville, NY 11802-1866

# Community Care Diabetic Testing Supplies

- **Effective July 01, 2025**, Fallon Health will be changing our preferred blood glucose meter and strips from OneTouch by Lifescan to Accu-Chek by Roche

- Meters and strips will still be available at the pharmacy at the applicable copay

- Please rewrite your patient's prescriptions for an Accu-chek meter and strips

# State-Supplied Vaccines

- Fallon Health requires providers to obtain state-supplied vaccines. (Available at no cost from the state)

- Massachusetts Department of Public Health (MDPH) Immunization Division universally provides routinely recommended pediatric vaccines to all children through 18 years of age (up to the 19th birthday).

- Healthcare providers are to receive vaccines from the MDPH Immunization Division and may need to enroll each year.

- Only when there is a documented shortage of a state-supplied vaccine, will the plan determine how providers are to be reimbursed for a purchased vaccine.

    o A notification will be issued from MDPH in those rare situations.

# State-Supplied Vaccines (continued)

**Providers are to bill for only the administration of state-supplied vaccines:**

- Submit the appropriate immunization administration CPT code (90460-90461, 90471-90474) in addition to the vaccine CPT code.
- Attach the SL modifier to the vaccine/toxoid CPT code with a charge of $0.00 to indicate that the vaccine/toxoid was state supplied.
- The plan will not reimburse providers who bill for any vaccines that are available free from the state.

**Massachusetts supplies the vaccine for human papillomavirus (HPV) as defined in the CPT codes listed below. Claims submitted for these HPV vaccinations will be denied for any age group where the vaccine is available from the state-supplied program.**

- Submit the appropriate immunization administration CPT code in addition to the vaccine CPT code.
- Attach the SL modifier to the vaccine/toxoid CPT code with a charge of $0.00 to indicate that the vaccine/toxoid was state-supplied.

# Provider Satisfaction Survey

At Fallon Health, we value our providers and your feedback. To ensure we continually improve our services, we conduct monthly provider satisfaction surveys via Survey Monkey through email.

If you receive one of these emails, we ask that you take a few minutes to share your thoughts with us. Your feedback is instrumental in helping us understand what works and what does not work, so we can better meet your needs.

# Keeping you connected

# Keeping you connected

## *Connection*

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

- Updates

- New information

- Policies – Payment and Medical

- 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*
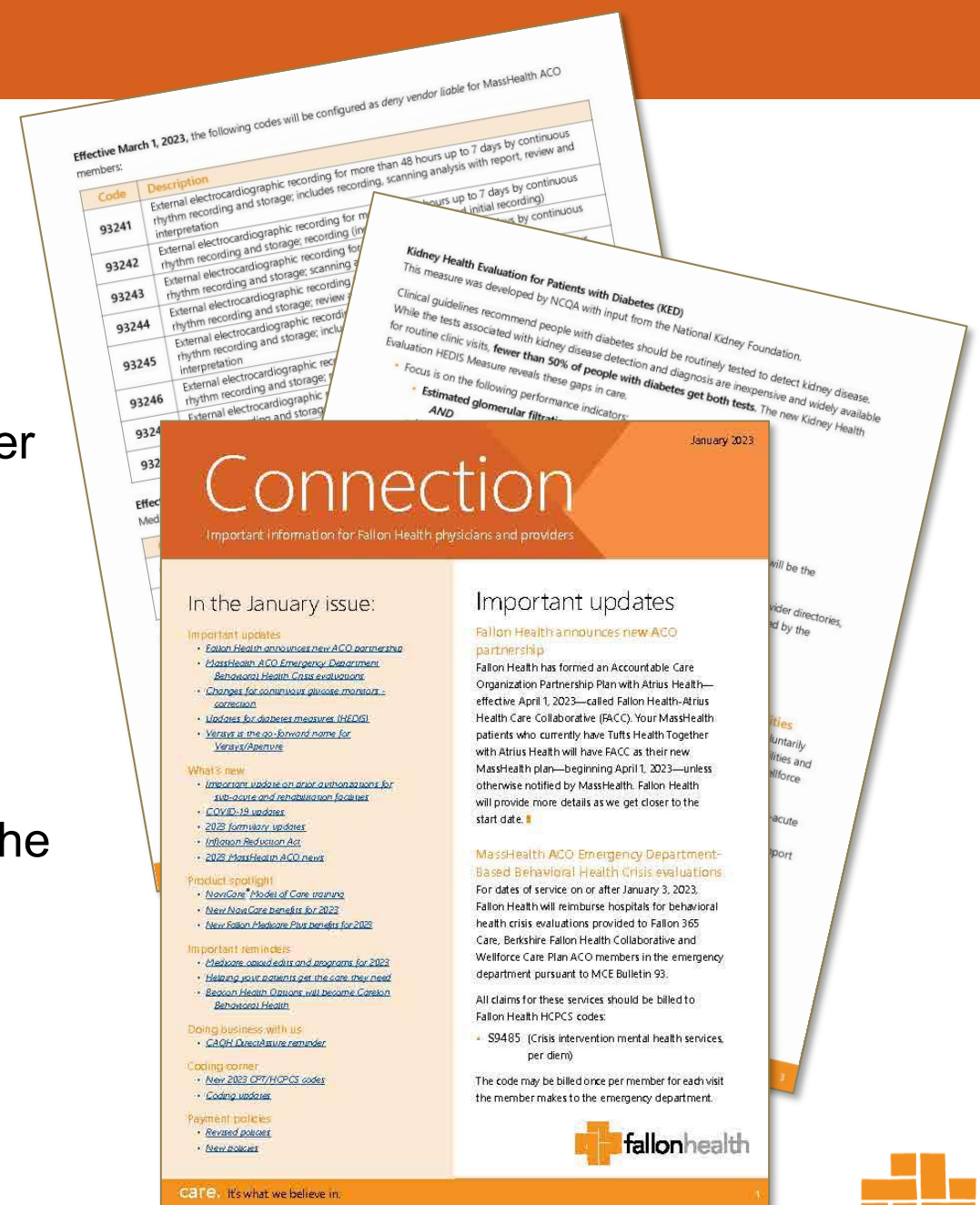
# Fallon Health provider website

The Fallon Health provider site is here: https://fallonhealth.org/providers.

**Offers:**

- News and notifications
- Provider manual
- Medical and payment policies
- Online provider tools
- Training and resources
  - Cultural Competency training
- *Connection* newsletter

# COMING SOON! The Fallon Health Provider Portal

Be on the lookout in July for information on how to sign up and use our new provider portal coming in the fall.

- Provider single sign-on to connect, with the ability to link to our business partners
- New PCP panel reports
- Enhanced claims status checks and claims submissions
- Eligibility and benefit verification
- Document manager and secure file transfers
- Reporting
- And more

# Contacting Fallon Health

# Your Fallon Health points of contact

**Fallon Health Provider Services | 1-866-275-3247**

- Prompt 1 | **Customer Service** *(to determine member eligibility or benefit information)*

- Prompt 2 | **Claims**

- Prompt 3 | **Referrals, Prior Authorizations or Case Management**

- Prompt 4 | **Provider Services**

- Prompt 5 | **Pharmacy Services**

- Prompt 6 | **EDI Coordinators, Help Desk**

# Fallon Health business partners

- **American Specialty Networks (ASH)**      1-800-972-4226
- **CareIon Behavioral Health Strategies, LLC**   1-781-994-7556
- **CareCentrix**               1-866-827-2469
- **DentaQuest**                1-800-822-5353
- **eviCore**                 1-888-693-3211
- **EyeMed Vision Care**            1-800-521-3605
- **HealthCare Administrative Solutions, Inc (HCAS)**      1-617-246-6451
- **Integrated Home Care Services (IHCS)**    1-844-215-4264
- **Prime Therapeutics**            1-800-424-1740
- **PaySpan**                 1-877-331-7154, option 1
- **Zelis**                  1-866-489-9444

# Thank you!