



JOINT AHCCCS PROVIDER FORUM

JANUARY 29, 2014

EPSDT AND MATERNAL CHILD HEALTH

Presented By:

Pat Seabert – Care 1st Quality Director

Helen Lansche- Health Net Quality Improvement Manager



UPDATE: REVISIONS TO AMPM CHAPTER 400

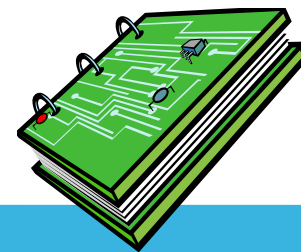
Provides clarification in what constitutes an EPSDT visit and indicates what can be included in the EPSDT visit fee

Modifies the approved developmental screening tools and ages for the screenings

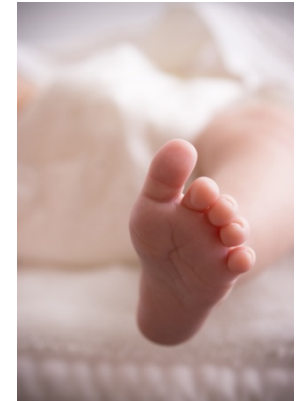
Adds PCP varnish application during EPSDT visits & Dental Home requirements

EPSDT forms updated

Requires obstetrical claims, regardless of payment method, to include all dates of service (more to come)



EPSDT TRACKING FORMS



Use AHCCCS EPSDT age-specific tracking forms

Alternate use of EMR:

- Must contain all the elements on the age specific tracking form

Send (mail/ fax) copy of the electronic record to the appropriate health plan's EPSDT Department

Revisions made to the EPSDT tracking forms

- Available soon for use
- New data points will be collected

Access copies of the new EPSDT Tracking Forms from the AHCCCS or health plan's website.

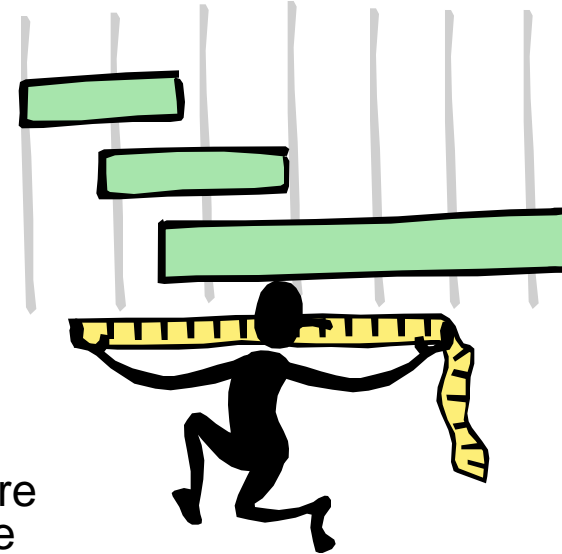
Please notify the health plan EPSDT Manager of members that *No Show* for appointments. Notification can be by the EPSDT Tracking Form or use of the No Show Log that is available. This enhances the health plan process to follow up and educate these members.

PERFORMANCE MEASURES

EPSDT DATA USE

AHCCCS is focused on 6 measures:
4 Performance & 2 Utilization

- **Ages 0-15 months**
 - 6 visits required
 - Adhere to the periodicity schedule
 - Will also result in immunizations being completed
 - Most frequently 9-month visit is not done
- **Ages 3-6 Years**
 - 1 visit is needed each year
- **Adolescents**
 - 1 visit is needed each year
 - Avoid missed opportunities for care
- **Dental Visits**
 - Statewide initiative on improving access to dental care
 - Refer children to the dentist beginning at 1 year of age
 - Provide dental education to Parent/ care provider



PCP APPLICATION OF FLUORIDE VARNISH

CMS & AHCCCS are focused on improving care and rates for dental care/services

- Statewide initiative to raise dental rates
- PCP encouraged to apply fluoride varnish from the beginning of the 1st tooth eruption and no more than every 6 months up to age 2 years (by trained PCP- office staff not eligible)
- Additional payment will be provided outside the EPSDT visit fee

Effective April 1, 2014 PCPs allowed to apply fluoride varnish during EPSDT visit

PCP should provide:

- 1) education with the parent on the need for oral care
- 2) refer child to a dentist beginning at first tooth eruption or by 1 year of age



PRENATAL VISITS



Document each UNIQUE prenatal visit on ACOG/ EMR OB claim

- Not the date range
- Must include all dates of service

Details will be covered in the Claims section.

BEHAVIORAL HEALTH INTEGRATION

Presented By:

Aderonke Komalafe– Health Net Public Programs

and

Donna Smith- Care 1st Behavioral Health Supervisor

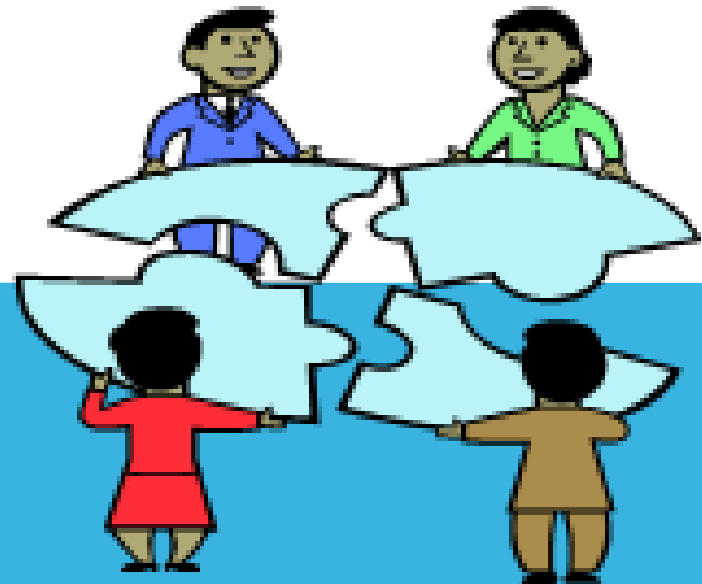


BEHAVIORAL HEALTH INTEGRATION

Maricopa County RBHA Transition to Mercy Maricopa Integrated Care

SMI Integration

- ❑ System Transformation
- ❑ Improved Coordination of Care
- ❑ Integrated Model



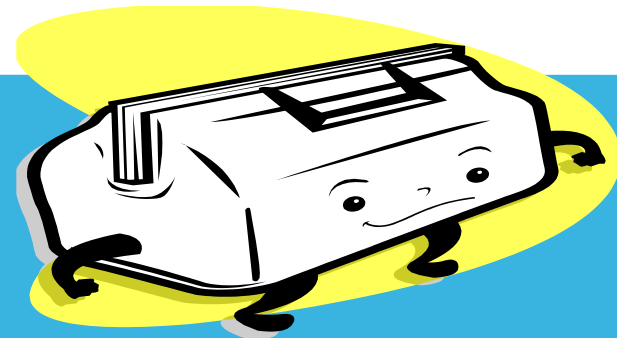
BEHAVIORAL HEALTH TREATMENT

Referral to the RBHA

- Symptom/Problem Identification
- Method of Referral (email, fax, self referral)
- Referral Disposition

Psychotropic Medication Management

- Clinical Tool Kits (ADHD, anxiety, depression, post-partum depression)
- Psychotropic Formulary
- Medication Monitoring



AHCCCS COORDINATION DIRECTIVES

AHCCCS Benzodiazepine/Opioid CoC Performance Improvement Projects (PIP)

- Purpose of the PIP
- Interventions
- Outcomes

RBHA and AHCCCS “Super Utilizer” Data Exchange and CoC

- High Risk/High Cost
- Interventions
- Monitoring



CLAIM UPDATES

Presented By:

Anthony Crooks- Care 1st- Claims Liaison



ICD10

PROGRESS ON TARGET FOR 10/01/14 IMPLEMENTATION DATE

Current work items:

- Care1st's system has been ICD10 compliant since 2012
- Health Net compliant prior to implementation date
- Crosswalk between ICD9 and ICD10
- Testing partners
- Ongoing work group meetings
- ICD10 codes are loaded in the claims system
- Current testing timelines

NEW CMS 1500 FORM

Some of the major changes are:

Diagnosis codes section - Providers are now able to bill 12 DX codes

A scannable QR code is present in the upper left-hand corner (identifies new form)

Many of the information fields have been revised to “Reserved for NUCC Use” (examples: box 8 & 9)

There is no longer a balance due field

Box 11b is now designated for “Other Claim Id”

Timelines for new form:

- New form is accepted for claims received 01/06/14 and after
- New form is required for claims received 04/01/14 and after
- The old CMS-1500 form (version 08/05) not accepted after 03/31/14





VFC BILLING

90460-SL billed for each admin with a consult on a single line with SL modifier (9 max)

1. Can use DX V20.2 per American Academy of Pediatrics on current CMS form vs. billing an individual DX for each vaccine. (Age range 0-17 for V20.2)
2. New form will accept up to 12 DX codes. All vaccine DX codes can be billed in most cases.

90461-SL for additional toxoids, not required as it is not payable

90471-SL for 1st injection when no consult provided

90472-SL for each additional injection on a single line

90473-SL for 1st intranasal/oral when no consult provided

90474-SL for each additional on a single line

Vaccine codes billed with SL modifier on a single line





PRENATAL VISIT BILLING

OB Billing Changes:

New AHCCCS guidelines requiring all visits to be billed on individual lines with the date of service. Applies to both total OB packages and fee for service.

AHCCCS will no longer accept 59425 or 59426 for reporting of prenatal visits. AHCCCS now requires all OB visits to be reported on an individual line under an E&M code and date of service for each visit incurred.

Total OB package payment reimbursement will remain the same, as the individual line billed with E&M code will deny as part of the global package.

Fee for Service claims can be billed with 59425 or 59426, but the individual visits must still be reported with an E&M code on each line with the corresponding date of service.

PHARMACY TOPICS

Pam White, Pharm.D, Health Net Clinical Pharmacist

Nirali Soni, Pharm.D, CDE Care1st Health Plan Pharmacy Director



E-PRESCRIBING

Advantages:

Improved patient safety and overall quality of care

- Illegibility
- Warning and Alert systems
- Reduces or eliminates phone calls and call-backs to pharmacies
- Eliminates faxes to pharmacies
- Streamlines the refill's requests and authorization processes
- Increases patient compliance
- Improves Formulary adherence
- Increases patient convenience
- Offers true provider mobility
- Improves reporting ability



E-PRESCRIBING

What your practice needs to do to get started e-prescribing:

Decide whether you wish to choose a stand-alone e-prescription software or a full EMR system which includes e-prescribing functionality.

Choose an e-prescribing software vendor like :

- SureScripts (<http://surescripts.com/>)
- RxHub(<http://www.rxhub.net/index.html>)
- ProxyMed (<http://www.proxymed.com/>)

Purchase hardware such as desktop PC's, laptops, pocket PC's, tablet PC's and PDA's utilizing a wired or wireless network



E-PRESCRIBING



Barriers/Solutions

Do not have EHR- E-prescriptions can be done without EHR

Controlled RX's- It is legal to e-prescribe Controlled Substances-

Sign up with EPCS. Additional information at

<http://www.surescripts.com/about-e-prescribing/e-prescribing-of-controlled-substances>

ER discharge prescriptions are faster for patients to bring to pharmacy and have filled



MRPDL

Health plans are required to cover all medically necessary, clinically appropriate, and cost effective medications that are federally and state reimbursable.





MRPDL

AHCCCS developed the Minimum Required Preferred Drug List (MRPDL) as a list of medications that must be available to all members when medically necessary.

AHCCCS' goal is to use the MRPDL to assist providers when selecting clinically appropriate medications for AHCCCS members.

The MRPDL is not an all-inclusive list of Medications.

The MRPDL specifies medications available without prior authorization as well as medications that have specific quantity limits, or require step therapy and/or prior authorization prior to dispensing to AHCCCS members.



MRPDL

Health plans are required to cover all medically necessary, clinically appropriate, cost effective medications that are federally and state reimbursable.

Both health plans formulary's are more expansive – it includes the medications listed on the MRPDL and additional drugs necessary to meet the needs of our specific patient population.



CONTROLLED SUBSTANCES

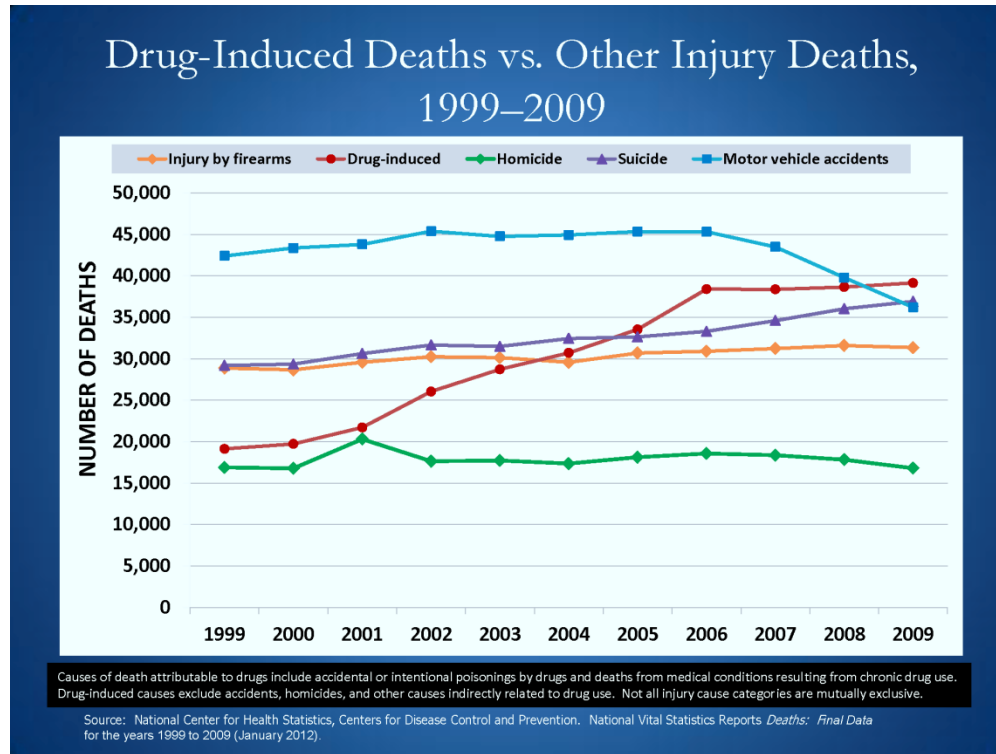
Prescription drug abuse is a growing national epidemic.

In 2006 the total cost in the United States of nonmedical use of prescription opioids was \$53.4 billion.

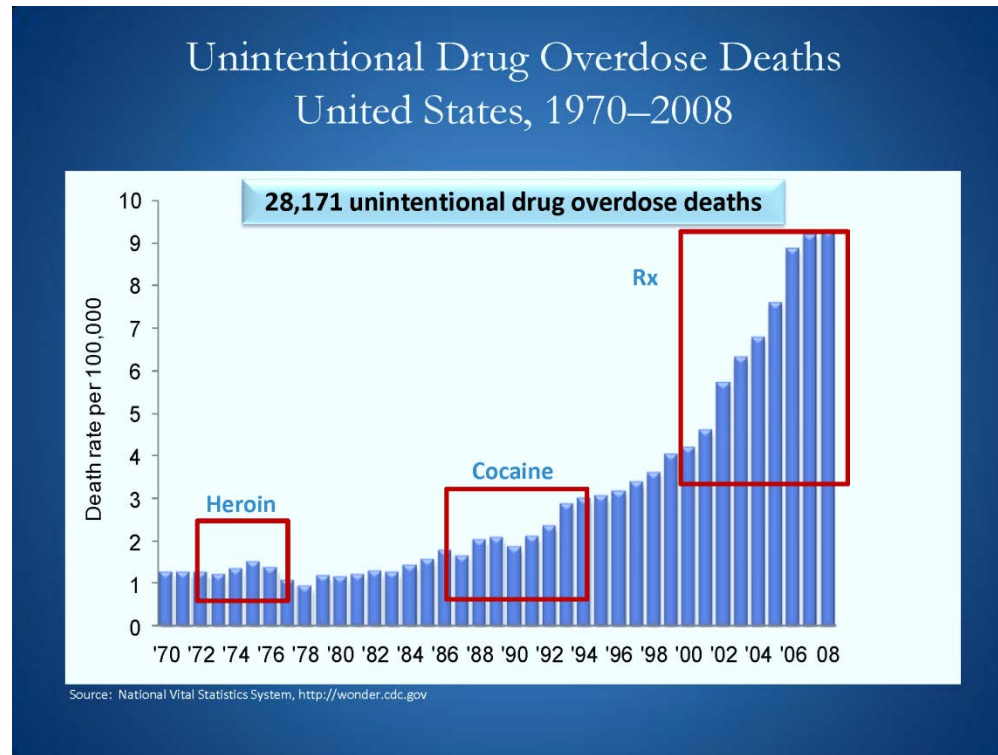
From 2004 to 2009, ED visits in the U.S. related to the misuse or abuse of oxycodone rose 242%, hydrocodone 124%, and all pharmaceuticals 98%, while those for illicit drugs declined slightly.



CONTROLLED SUBSTANCES



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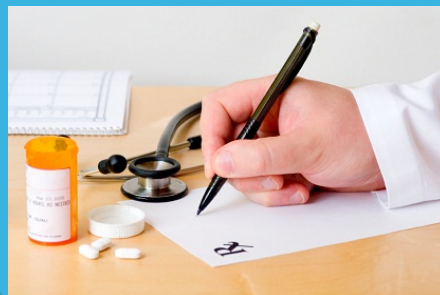
According to CDC, health care providers can help prevent prescription opiates overdose by adhering to the following guidelines:

1. Screening and monitoring for substance abuse and other mental health problems
2. Prescribing only the quantity needed based on the expected length of pain
3. Using provider agreements combined with urine drug screens
4. Using prescription monitoring programs to identify patients who are misusing or abusing the prescription opiates
5. Educating patients how to safely use, store and dispose of prescription opiates

CONTROLLED SUBSTANCES

Recommendations:

1. Register for the Controlled Substances Prescription Monitoring Program (CSPMP) offered by the Arizona State Board of Pharmacy if you are prescribing controlled substances to Care1st and ONECare members
The CSPMP provides a listing of all controlled substance prescriptions filled regardless of the payment method (cash or third party payor)
2. Query the CSPMP prior to writing a prescription for a controlled substance
3. Perform drug testing every 2 months and/or randomly as indicated for long term pain management patients



CONTROLLED SUBSTANCES



Arizona CSPMP Prescription Drug Monitoring Database

CSPMP-Controlled Substance Prescription Monitoring Program

<http://www.azcjc.gov/ACJC.Web/Rx/presentations.aspx>

AHCCCS INSURANCE REQUIREMENTS

Presented By:

Kristine Dominguez– Health Net Provider Representative



AHCCCS INSURANCE REQUIREMENTS

EFFECTIVE OCTOBER 1, 2014

AHCCCS has defined minimum insurance requirements for:

- Commercial General Liability
- Business Automobile Liability
- Worker's Compensation and Employers' Liability
- Professional Liability



Providers shall ensure coverage with limits of liability not less than those stated below as applicable in accordance with the services provided.

Acceptability of Insurers: Insurance is to be placed with duly licensed or approved non-admitted insurers in the state of Arizona with an "A.M. Best" rating of not less than A – VII. Notice of Cancellation: With the exception of (10) day notice of cancellation for non-payment of premium, any changes material to compliance with the requirements defines above shall require (30) days written notice to the State of Arizona. Such notice shall be sent directly to AHCCCS Contracts Unit, Mail Drop 5700, Division of Business and Finance, 701 E. Jefferson St., Phoenix, AZ 85034 and shall be sent by certified mail, return receipt requested.

AHCCCS INSURANCE REQUIREMENTS

EFFECTIVE OCTOBER 1, 2014

Commercial General Liability – Occurrence Form

Policy shall include bodily injury, property damage, personal injury and broad form contractual liability coverage.

General Aggregate	\$2,000,000
Products – Completed Operations Aggregate	\$1,000,000
Personal and Advertising Injury	\$1,000,000
Blanket Contractual Liability – Written and Oral	\$1,000,000
Fire Legal Liability	\$ 50,000
Each Occurrence	\$1,000,000

a. *If applicable*, the policy shall be endorsed to include coverage for sexual abuse and molestation.

b. The policy shall be endorsed to include the following additional insured language: *“The State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees shall be named as additional insured’s with respect to liability arising out of the activities performed by or on behalf of the Contractor”*.

c. Policy shall contain a waiver of subrogation against the State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees for losses arising from work performed by or on behalf of the Contractor.

AHCCCS INSURANCE REQUIREMENTS

EFFECTIVE OCTOBER 1, 2014

Business Automobile Liability

Bodily Injury and Property Damage for any owned, hired, and/or non-owned vehicles used in the performance of the services under contract.

Combined Single Limit (CSL) \$1,000,000

a. The policy shall be endorsed to include the following additional insured language: *“The State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees shall be named as additional insured's with respect to liability arising out of the activities performed by or on behalf of the Contractor, involving automobiles owned, leased, hired or borrowed by the Contractor”*.

b. Policy shall contain a waiver of subrogation against the State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees for losses arising from work performed by or on behalf of the Contractor.

AHCCCS INSURANCE REQUIREMENTS

EFFECTIVE OCTOBER 1, 2014

Worker's Compensation and Employers' Liability

Workers' Compensation Statutory

Employers' Liability

Each Accident	\$ 500,000
Disease – Each Employee	\$ 500,000
Disease – Policy Limit	\$1,000,000

a. The policy shall be endorsed to include the following additional insured language: *“The State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees shall be named as additional insured’s with respect to liability arising out of the activities performed by or on behalf of the Contractor”*.

b. Policy shall contain a waiver of subrogation against the State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees for losses arising from work performed by or on behalf of the Provider.

c. This requirement shall not apply to: Separately, EACH Provider exempt under A.R.S. §23-901, AND when such Provider executes the appropriate waiver (Sole Proprietor/Independent Contractor) form.



CONTACT US

602.778.1800 OR 866.560.4042

DEPARTMENT	PHONE	FAX
Behavioral Health	Extension 1826	602.778.1838
Case Management	Extension 8301	602.778.1810
Claims Customer Service	Options 5, 4	602.778.8346
Claim Disputes and Appeals	Options 5, 9	602.778.8371
Claim Liaison	Extension 8374	602.778.8346
Disease Management	Extension 8301	602.778.1810
EPSDT / Maternal Child Health	Extension 3265	602.224.4373
Hospital/SNF Admission Notification	See Prior Authorization - Medical	602.778.8386
Interactive Voice Response	Options 5, 2	N/A
Member Services	Options 5, 3	602.778.1814
Prior Authorization-Dental - Advantica	800.429.0495	N/A
Prior Authorization-Medical		602.778.1838
Status Inquiry		
All Other Urgent Telephonic Requests or Revisions to Existing Prior Authorizations	Options 5, 6, 2	
	Options 5, 6, 3	
Prior Authorization-Pharmacy	Options 5, 5	602.778.8387
Provider Network Operations	Options 5, 7	602.778.1875

CONTACT US

DEPARTMENT	PHONE	FAX/WEBSITE/EMAIL
Behavioral Health Magellan	800.564.5465	www.magellanofaz.com
Behavioral Health Coordinator	800.526.1898	NA
Claims Customer Service	888.788.4408	NA
Claim Disputes and Appeals Member		855.844.0687
Preferred Home Care	800.636.2123	NA
Fraud Hotline	800.977.3565	NA
EPSDT / Maternal Child Health	800.526.1898	916.935.4476
Admission Notification	888.926.1736	855.764.8513
Prior Authorization	888.926.1736	855.764.8513
Member Services	888.788.4408	NA
Network Manager	602.794.1500	Ann.M.Peacock@healthnet.com
Ann Peacock		
Provider Network Operations		
Kristine Dominguez	602.794.1504	Kristine.M.Dominguez@healthnet.com
Karen Ellington	602.794.1584	Karen.M.Ellington@healthnet.com
Thomas Balades	602.794.1514	Thomas.M.Balades@healthnet.com
Claims Educator	602.794.1407	Jessica.N.Oquita@healthnet.com
Jessica Oquita		
Department Fax	NA	602.794.1803

Q & A

