



MARICOPA PROVIDER FORUM

July 2014

EPSDT AND MATERNAL CHILD HEALTH

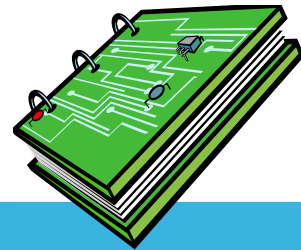
Presented By:

Pat Seabert – Quality Director

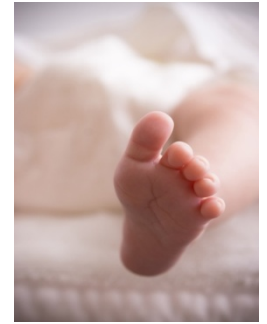


UPDATE: REVISIONS TO AMPM CHAPTER 400

- Provides clarification in what constitutes an EPSDT visit and indicates what can be included in the EPSDT visit fee
- Updated Periodicity Schedule
- Modifies the approved developmental screening tools and ages for the screenings
- Adds PCP varnish application during EPSDT visits & Dental Home requirements
- EPSDT forms updated
- Pending changes obstetrical claims, regardless of payment method, to include all dates of service (AHCCCS currently reviewing)



EPSDT TRACKING FORMS



Revisions made to the EPSDT tracking forms

- Effective 4/1/2014
- New data points will be collected

- **REMINDER: Must use AHCCCS EPSDT age-specific tracking forms**
 - Send (mail/ fax) copy of the electronic record or yellow copy to the appropriate health plan's EPSDT Department

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

 - Order form for EPSDT Tracking Forms on health plan's website
- **EMR: Must contain all the elements on the age specific tracking form**
 - 1 year to phase in the changes on the EMR

EPSDT – NO SHOW

- Please notify the health plan EPSDT Manager of members that are “*No Show*” for appointments.
- Notification can be performed via the EPSDT Tracking Form or the No Show Log that is available.
- Plan staff will follow-up and educate these members.

DEVELOPMENTAL SCREENING

- **Developmental screening should be performed at each EPSDT visit**
- **EPSDT Visits at 9, 18 and 24 month: Complete developmental screening utilizing the AHCCCS approved developmental tool.**
- **Reimbursement for completion of the tool following Provider documentation that training has been completed**
- **Bill CPT code 96110 with a modifier EP for use of the approved developmental tool**
 - **Note: CPT code 96111 is not considered a screening.**
 - **Reimbursement only at 9, 18, and 24 months visits.**
 - **NICU graduate—not a requirement**

APPROVED DEVELOPMENTAL SCREENING TOOLS

- **PEDS Tool**
 - **The Parent's Evaluation of Developmental Status (PEDS) tool – www.pedstest.com or www.forepath.org**
 - **Training can be found at the above links or www.azpedialearning.org/test1.asp**

- **ASQ**
 - **Ages and Stages Questionnaire (ASQ) tool – www.agesandstages.com**

- **MCHAT**
 - **The Modified Checklist for Autism in Toddlers (MCHAT) for children 16 – 30 months of age to screen for autism when medically indicated**

DENTAL CARE

- **STATEWIDE INITIATIVE TO INCREASE ACCESS TO DENTAL CARE**
 - **Assignment of a DENTAL PROVIDER (DENTAL HOME)**
 - **Members 1 – 20 years old will be assigned to a Dental Provider similar to current PCP assignment**
 - **Initiate first dental visit by 1 year of age**

ROLE OF PCP IN ORAL CARE

- Perform an oral health screening at each EPSDT visit
- Educate parent on the need/importance of good oral care
- Refer child to a dentist beginning at the first tooth eruption or by 1 year of age
- PCPs or mid-levels are encouraged to apply fluoride varnish during EPSDT visit.

Following training on varnish application, PCPs and Mid-levels may bill the service

- Use HCPCS code D1206 and diagnosis code V07.31
- Begin varnish application at 6 months or age of 1st tooth eruption
- Continue application every 6 months up to 2 years of age

Training available at:

<http://www.smilesforlifeoralhealth.org/buildcontent.aspx?tut=584&pagekey=64563&cbreceipt=0>

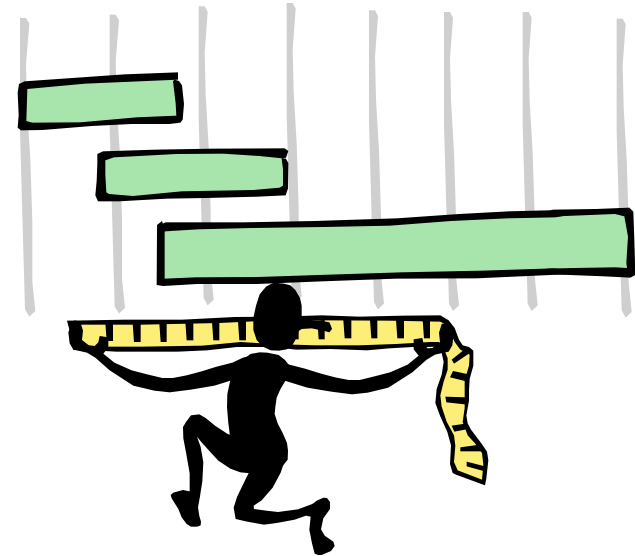
- Provide health plan with a copy of your certificate

PERFORMANCE MEASURES

EPSDT

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
 - Complete developmental screening
- Ages 3-6 Years
 - 1 visit is needed each year
 - Code as an EPSDT visit



PERFORMANCE MEASURES

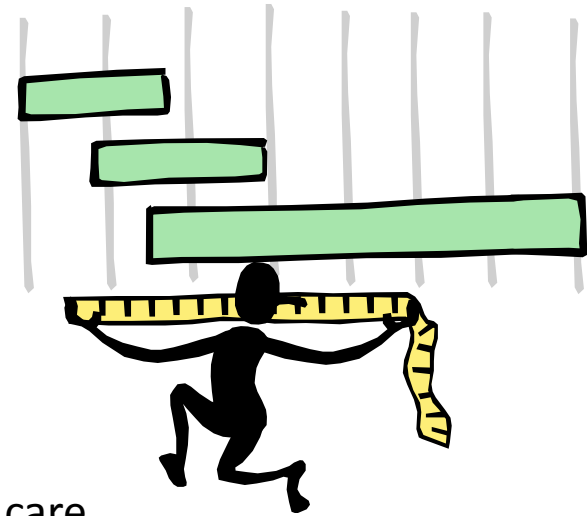
EPSDT – CONT'D

■ Adolescents

- 1 visit is needed each year
- Code as an EPSDT visit
- Avoid missed opportunities for care
- Check for needed immunizations

■ Dental Visits

- Statewide initiative on improving access to dental care
- Beginning at 1 year of age, refer child to the dentist
- Provide dental education to Parent/ care provider



PRENATAL VISITS



Post Partum visits must be completed within 60 days of delivery

(OB billing will be covered in the Claims section).

BEHAVIORAL HEALTH REFERRAL/TREATMENT/COORDINATION

Presented By:

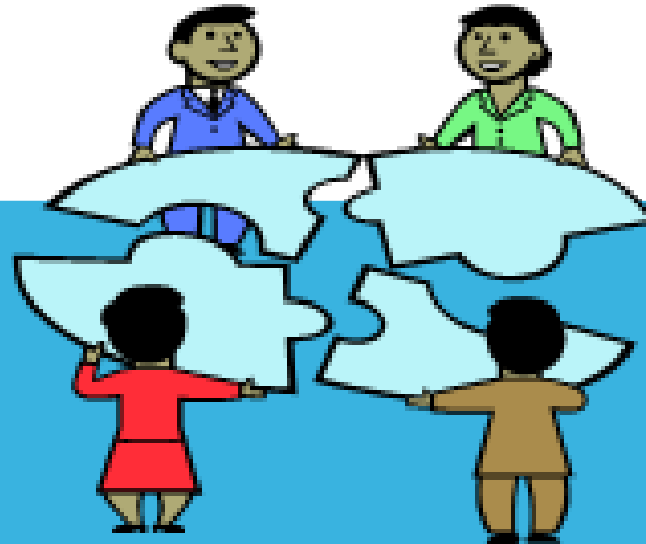
Donna Smith- Behavioral Health Manager



BEHAVIORAL HEALTH REFERRAL

Referral to the Regional Behavioral Health Authority

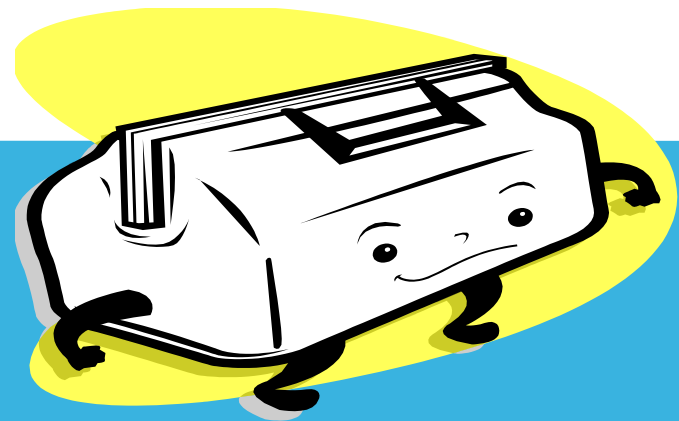
- General Mental Health and Substance Abuse Services
- Method of Referral (email, fax, self referral)
- Referral Disposition



BEHAVIORAL HEALTH TREATMENT

Psychotropic Medication Management

- Clinical Tool Kits
 - ADHD
 - Anxiety
 - Depression
 - Post-Natal Depression
- Psychotropic Formulary
- Medication Monitoring



BEHAVIORAL HEALTH COORDINATION

Benzodiazepine/Opioid Coordination of Care

- Purpose
- Interventions
- Outcomes

RBHA and AHCCCS “Super Utilizer” Data Exchange

- High Risk/High Cost
- Interventions
- Monitoring



CLAIM UPDATES

Presented By:

Anthony Crooks- Claims Liaison



ICD10

ICD10 has officially been delayed to 10/1/2015

Care1st update:

- Care1st will continue with testing:
 - Care1st's system has been ICD10 compliant since 2012
 - Crosswalk between ICD9 and ICD10
 - Testing partners
 - Ongoing workgroup meetings
 - ICD10 codes are loaded in the claims systems test environment

NEW CMS 1500 FORM – VERSION 02/12

CMS1500 version 02/12 must now be used for all submissions

Some of the major changes to the form were:

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”

Care1st is following CMS and AHCCCS guidelines for timelines – As of 4/1/14, claims are denied when submitted on the old CMS-1500 form (version 08/05)





PRENATAL VISIT BILLING

OB Billing Changes: (Currently under review by AHCCCS)

In the last forum we communicated the 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. Based on the feedback received, this new requirement is under review by AHCCCS.

Proposed changes:

59425 or 59426 cannot be used for reporting prenatal visits. Each OB visits must be reported on an individual line under an E&M code and date of service for each visit incurred to satisfy the new AHCCCS reporting requirements.

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.



DENTAL VARNISH

- **PCP must complete certification process**
- **Dental varnish is billed with procedure code D1206 and diagnosis code V07.31**

RESUBMISSIONS

- **Please be sure to wait 60 days before resubmitting a claim**
- **On average, Care1st processes over 99% of claims within 30 days**
- **Waiting 60 days to follow-up benefits your office in the following ways:**
 - Allows your office to post the payment to the patient's account before the duplicate claim is generated
 - Saves money on the duplicate submission
 - Saves time and resources in researching the duplicate submission on the remittance advice
 - Reduces the number of duplicates submitted to the plans so they can focus on clean claims and improve turn-around-times on claims payment even more

AHCCCS ENCOUNTER KEYS HIGHLIGHTS

- **90644:**
 - Now accepted with SL modifier
 - Age range updated – now accepted for ages 6 weeks to 76 weeks
- **CLIA Certification**
 - Added to G0461 & G0462

AHCCCS Encounter Keys can be located online at:

<http://www.azahcccs.gov/commercial/ContractorResources/encounters/EncounterKeys.aspx>

PHARMACY TOPICS

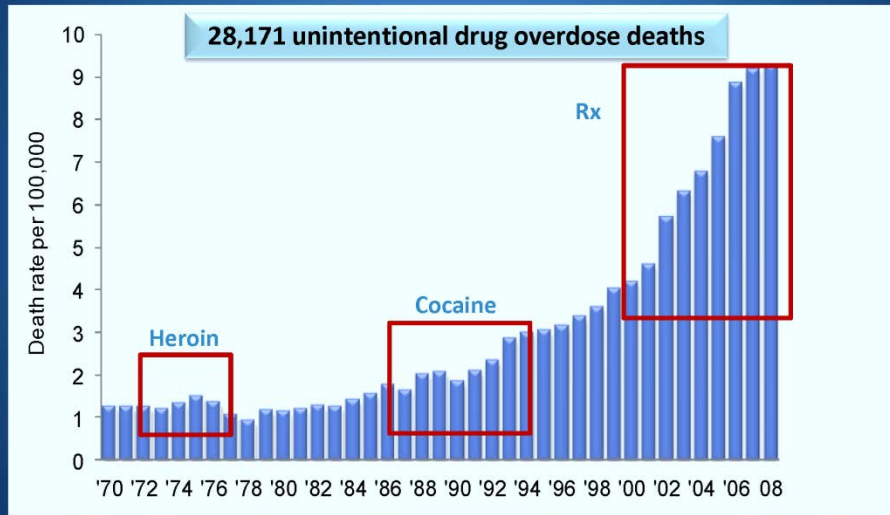
Presented By:

Nirali Soni, Pharm.D, CDE - Pharmacy Director



CONTROLLED SUBSTANCES

Unintentional Drug Overdose Deaths United States, 1970–2008



Source: National Vital Statistics System, <http://wonder.cdc.gov>

CONTROLLED SUBSTANCES



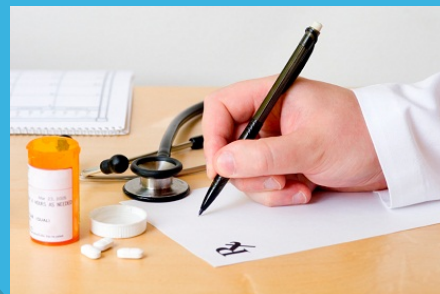
According to CDC, health care providers can help prevent prescription opiates overdose by adhering to the following guidelines:

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:

- **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)*
- **Query the CSPMP prior to writing a prescription for a controlled substance**
- **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>

PHARMACY PRIOR AUTHORIZATION

- **Care1st has a comprehensive list of covered medications on the formulary.**
- **There are different reasons for restrictions for the formulary medications.**
 - Safety
 - Appropriate utilization according to national guidelines
 - Cost if similarly effective medications are available at a lower cost

PHARMACY PRIOR AUTHORIZATION

Multiple forms of Utilization Management for medications:

- Step Therapy (eg. Advair HFA, Ditropan XL, Singulair)
- Age Limit (eg. Chantix, Pulmicort, Retin A)
- Quantity Limit and Fill Limit (eg. Short and Long acting Narcotics)
- Gender Restriction (eg. Oral contraceptives)
- Provider Restriction (eg. Lithium)
- Prior Authorization Criteria (eg. Accutane, Androderm)
- Exclusions (eg. Viagra)

PHARMACY PRIOR AUTHORIZATION

It is highly recommended to look for formulary alternatives before initiating prior authorization.

Care1st Formulary is located at:

<https://www.care1st.com/az/providers/formulary.asp>

PHARMACY PRIOR AUTHORIZATION

Process for PA review by Care1st Pharmacy Staff:

- Check Rx history by looking at RX Claims History or by calling the dispensing pharmacy
- Review the completed PA form and medical records received
- Review PA guidelines approved by Care1st P&T committee

Based on the review the PA request is either approved or denied.

- If approved, a letter is faxed to the provider and the dispensing pharmacy
- If the request is denied, then a letter is faxed to the provider and another letter is mailed to the member

PHARMACY PRIOR AUTHORIZATION

AHCCCS Turn Around Times (TAT) for the Prior Authorization:

- 3 Business days for STAT or Urgent Requests
- 14 Business days for the Standard Requests (Internal TAT Goal is 3 business days)

STAT TAT should be marked;

- For Medications needed after a hospital discharge
- If not received within couple of days, will place patient's health in jeopardy

(AHCCCS defines as “seriously jeopardize the member’s life or health or ability to attain, maintain, or regain maximum function”)

Prior Authorization Guidelines

Changes to our Prior Authorization Guidelines effective *July 15, 2014*:

<u>Service/Code</u>	<u>Change</u>
■ Anesthesia (mobile)	Requires prior auth
■ Developmental Pediatrics	Requires prior auth
■ 43206 - (<i>Esophagoscopy with optical endomicroscopy</i>)	No longer requires prior auth
■ 43252- (<i>Esophagogastroduodenoscopy with optical endomicroscopy</i>)	No longer requires prior auth

<https://www.care1st.com/az/providers/priorauthreferencegrid.asp>

AHCCCS INSURANCE REQUIREMENTS

Presented By:

Tim Tejada – Provider Network Operations Manager



AHCCCS INSURANCE REQUIREMENTS

EFFECTIVE OCTOBER 1, 2013

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

Commercial General Liability – Occurrence Form **EFFECTIVE OCTOBER 1, 2013**

Policy should 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, involving automobiles owned, leased, hired, or borrowed by the Contractor”**.
- c. The 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, 2013

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. The amount below is the minimum required.

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".
- b. The 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, 2013

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 needs to 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.
- b. 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.

Commercial General Liability and Business Automobile Liability Example

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADOL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY		123-ABC-456	06/01/2014	06/01/2015	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	<input checked="" type="checkbox"/>				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person)	\$
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					GENERAL AGGREGATE	\$ 2,000,000
B	AUTOMOBILE LIABILITY		99-000-AB111	06/01/2014	06/01/2015	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS	<input type="checkbox"/>				BODILY INJURY (Per person)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/>				BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR	<input type="checkbox"/>				EACH OCCURRENCE	\$
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE	<input type="checkbox"/>				AGGREGATE	\$
	DED <input type="checkbox"/>	RETENTION \$ <input type="checkbox"/>					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATU-TORY LIMITS	OTI-HER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/>	Y / N	N / A		E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE	\$
D	Professional Liability	<input checked="" type="checkbox"/>	12345678	01/31/2014	01/31/2015	\$1,000,000 Each Claim	\$3,000,000 Annual Aggregate

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

The State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees shall be named as additional insureds with respect to liability arising out of the activities performed by or on behalf of the Contractor, to include those activities involving automobiles owned, leased, hired or borrowed by the Contractor. The policy contains a waiver of subrogation endorsement against the State of Arizona where applicable and required by written contract with respect to General Liability and Automobile Liability.

CERTIFICATE HOLDER	CANCELLATION
Arizona Health Care Cost Containment System Attn: Contracts 701 E. Jefferson St. MD 5700 Phoenix AZ 85034	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Signature

AHCCCS minimum coverage limits

AHCCCS required endorsement language and waiver of subrogation language

Add AHCCCS as the Certificate Holder

Worker's Compensation and Employers' Liability Example

COVERAGES		CERTIFICATE NUMBER:		REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.							
INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WYD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A <input type="checkbox"/>	C12345	03/15/2014	03/15/2015	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) The policy contains 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.							
CERTIFICATE HOLDER				CANCELLATION			
Arizona Health Care Cost Containment System Attn: Contracts MD 5700 701 E. Jefferson St. Phoenix AZ 85034				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED, THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE			
ACORD 25 (2010/05) The A				© 1988-2010 ACORD CORPORATION. All rights reserved. marks of ACORD			

AHCCCS minimum coverage limits

Only Waiver of Subrogation language is required for Worker's Comp policy

Add AHCCCS as the Certificate Holder



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	602-474-1365	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 Status Inquiry		602.778.1838
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

Q & A

