



CARE1ST PROVIDER FORUM

August 2015



Agenda

1. RAFFLE!!
2. Credentialing Update
3. Performance Measurements and EPSDT Updates
4. E-Prescribing and Rx Billing
5. Medical Management/Prior Authorization
6. Behavioral Health
7. Claims Updates
8. Dental
9. Provider Network Operations
10. More Raffle!!



Credentialing Update

CAQH

- Recent major system upgrade
- Providers may obtain their own CAQH number—no longer need a plan to assign
- Providers are required to authorize health plans to have access to their data
- Documents “uploaded” to CAQH versus faxing
- HELP DESK: **(888) 599-1771**
providerhelp@ProView.CAQH.org

EPSDT

Developmental Screenings

Additional reimbursement is available for completion of Developmental Screening(s) at 9mo, 18mo and 24mo **only**:

- Use an AHCCCS approved Developmental Screening Tool
- Complete required training on the use of the Tool
- Submit proof of training/certification to CAQH
- Bill with CPT code 96110 and modifier EP
- Developmental screening should be performed at EPSDT Visits at 9, 18 and 24 months, using one of the AHCCCS approved developmental tools
- NOTE: Developmental screenings can be done at any visit but are not eligible for additional reimbursement

EPSDT

Approved Developmental Screening Tools

PEDS Tool

- The Parent's Evaluation of Developmental Status (PEDS) Tool
www.pedstest.com or www.forepath.org

MCHAT

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

ASQ

- Ages and Stages Questionnaire (ASQ) Tool www.agesandstages.com

Information about training on developmental screening tools is available on the Arizona Department of Health Services website:

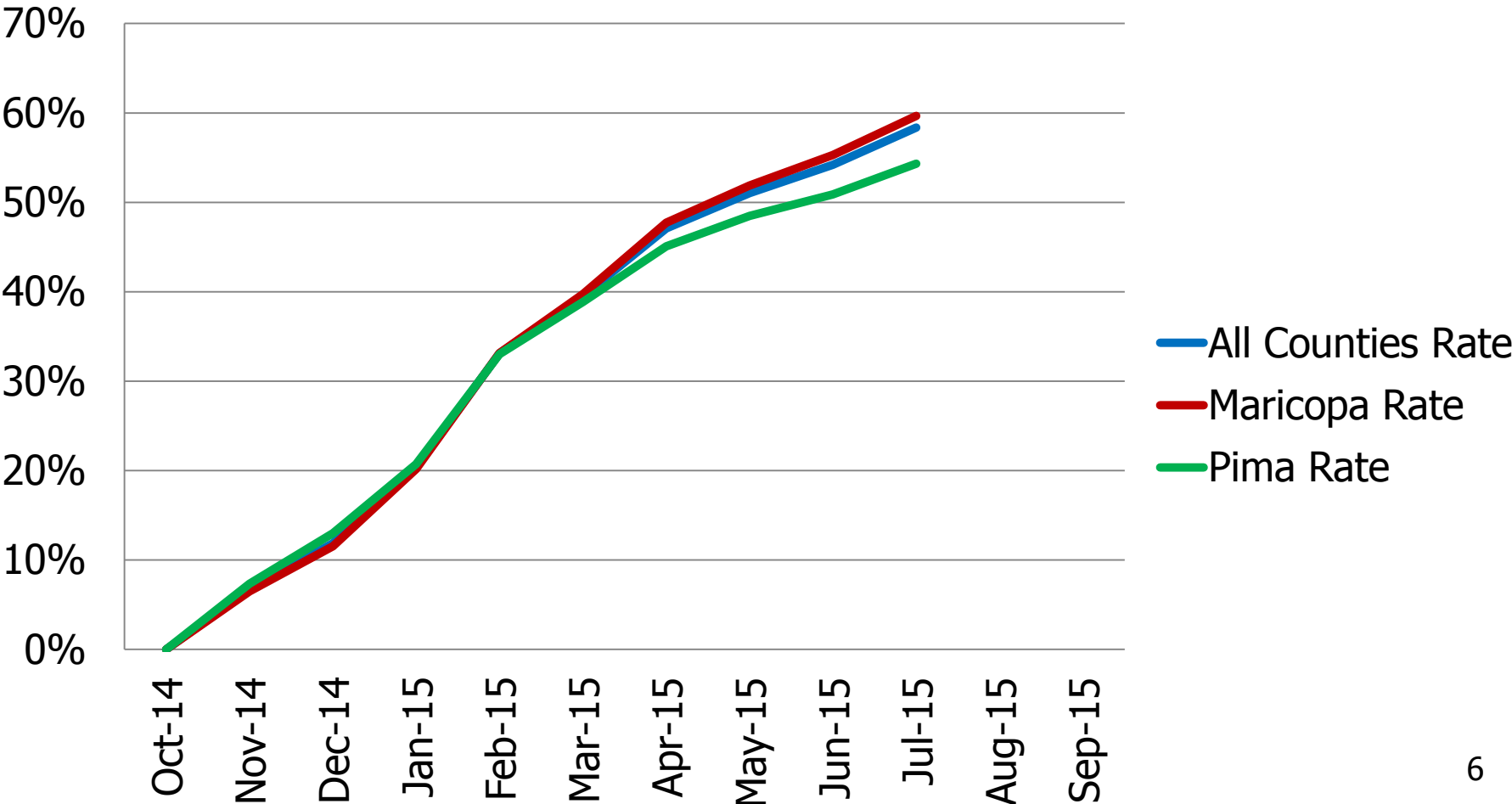
<http://www.azdhs.gov>

- Audiences > Clinicians > Training Opportunities > Developmental Screenings

Training for PEDS Tool and MCHAT can be found at: aзаaPEducate.org

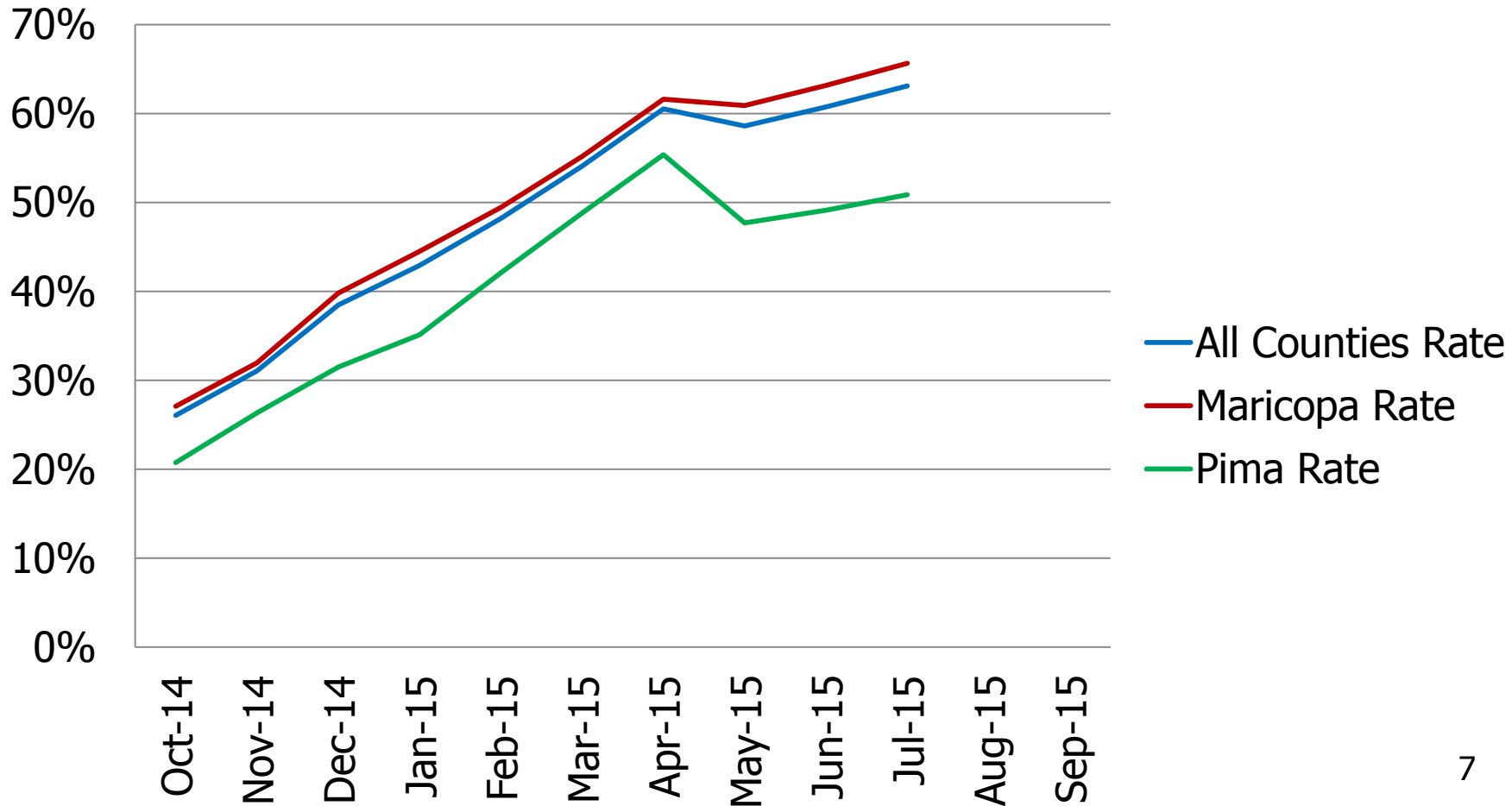
Performance Measurements

Dental Visits



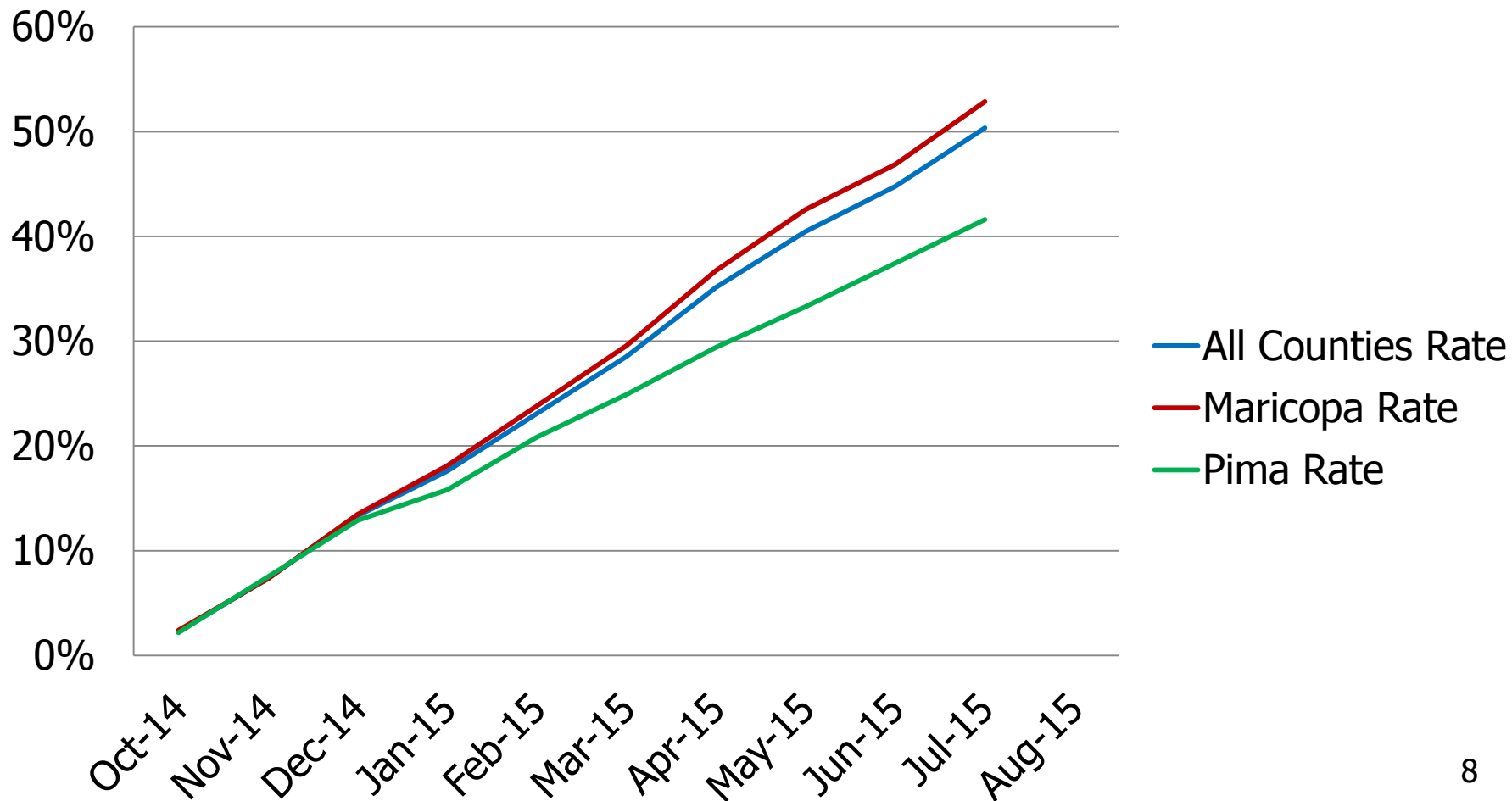
Performance Measurements

1st 15 months Well Visits



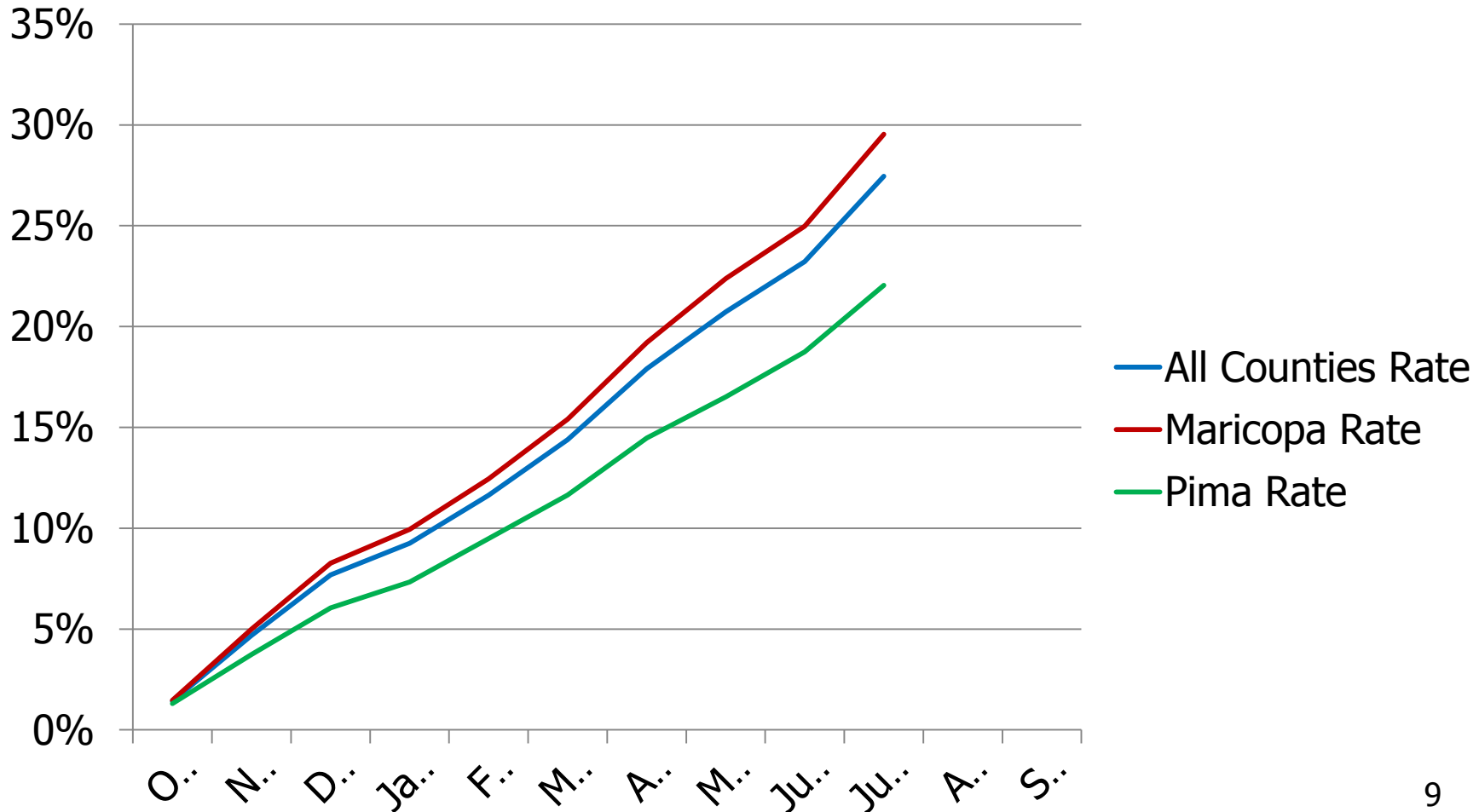
Performance Measurements

3-6 yr old Well Visits



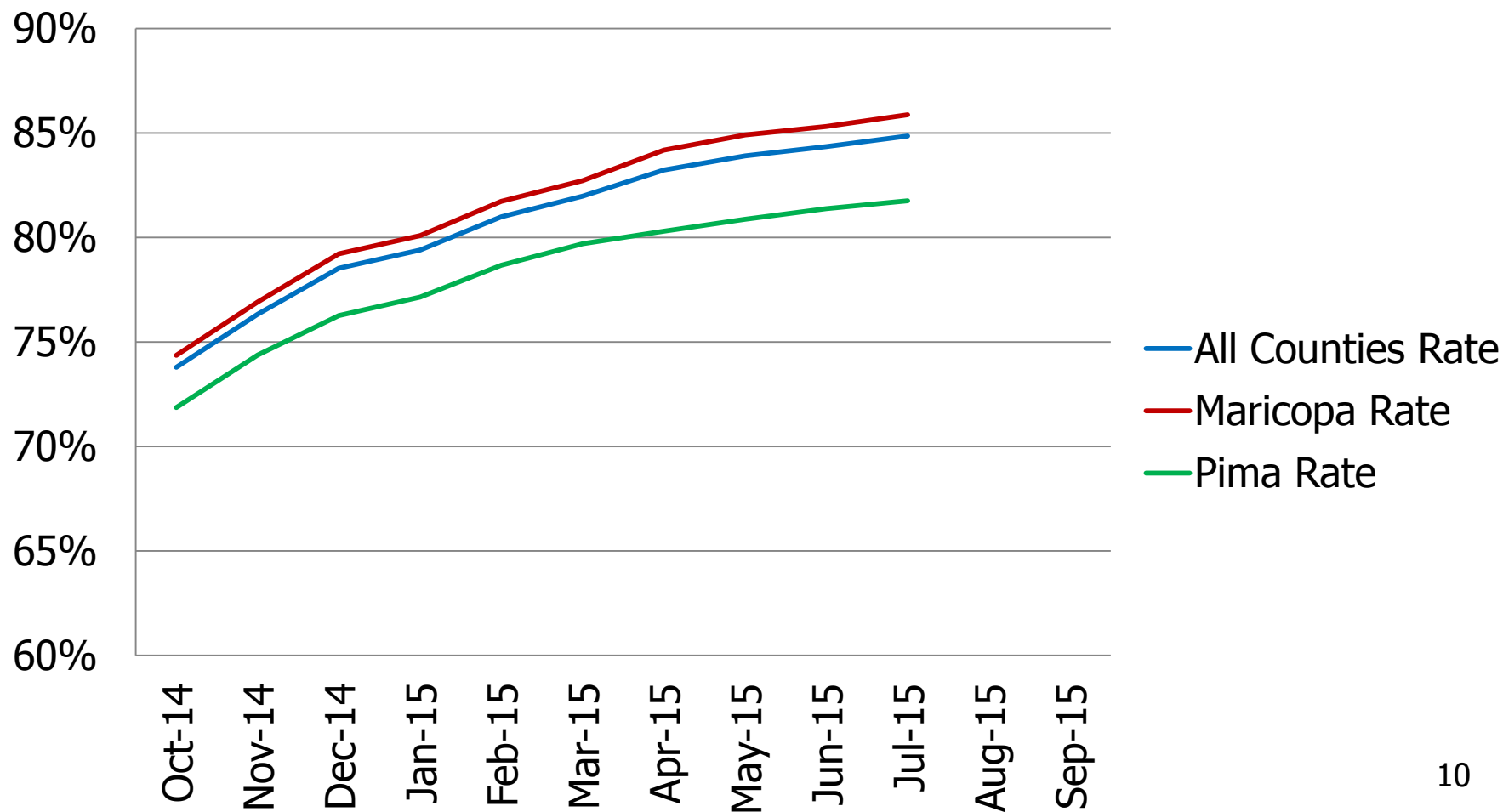
Performance Measurements

Adolescent Well Visits



Performance Measurements

Access to Care 12-19 yr olds





EPSDT Update

Blood Lead Screening

- Targeted blood lead screening
- Based on child's risk as determined by
 - Residential zip code
 - Presence of other known risk-factors
- Blood Lead Level at 12 and 24 months in targeted zip codes
- Non-targeted zip codes—complete assessment at each EPSDT visit

AHCCCS Member Survey: Adult NCQA Comparisons

	Getting Needed Care	Getting Care Quickly	How Well Doctors Communicate
Care1st Health Plan	★★	★★	★★★
Acute Care Program	★★★	★★	★★★

Comparisons to national percentiles:

★★★★★ 90th or above
 ★★★★ 75th – 89th
 ★★★ 50th – 74th

★★ 25th – 49th
 ★ below 25th

AHCCCS Member Survey: Child NCQA Comparisons

	Getting Needed Care	Getting Care Quickly	How Well Doctors Communicate
Care1st Health Plan	★ ★ ★	★	★
Acute Care Program	★ ★ ★	★ ★	★ ★

Comparisons to national percentiles:

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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 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:

- Choose an EHR which includes e-prescribing functionality
- Choose an e-prescribing software vendor like SureScripts, RxHub, and ProxyMed



E-Prescribing (continued)

- Install an internet connection
- Purchase hardware such as desktop PC's, laptops, pocket PC's, tablet PC's or 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>



E-Prescribing Controlled Substances

ADVANTAGES

- One workflow for all prescriptions, non-controlled and controlled substances
- Condensed record keeping for all of a patient's prescription history
- Reduced fraud and abuse
- Improved legibility
- Decreased adverse drug events



E-Prescribing Controlled Substances

1. Contact your EHR and ask if they are certified to do EPCS
 - If yes, proceed to step 2
 - If no, then you cannot do EPCS until they are certified
2. Complete Identity Proofing requirement
3. Set up Access Controls
4. Obtain Dual Authentication device or process
5. Adhere to digital signature and audit requirements



Medical Management

Prior Authorization Updates

Changes to our Prior Authorization Guidelines
effective *August 15, 2015*:

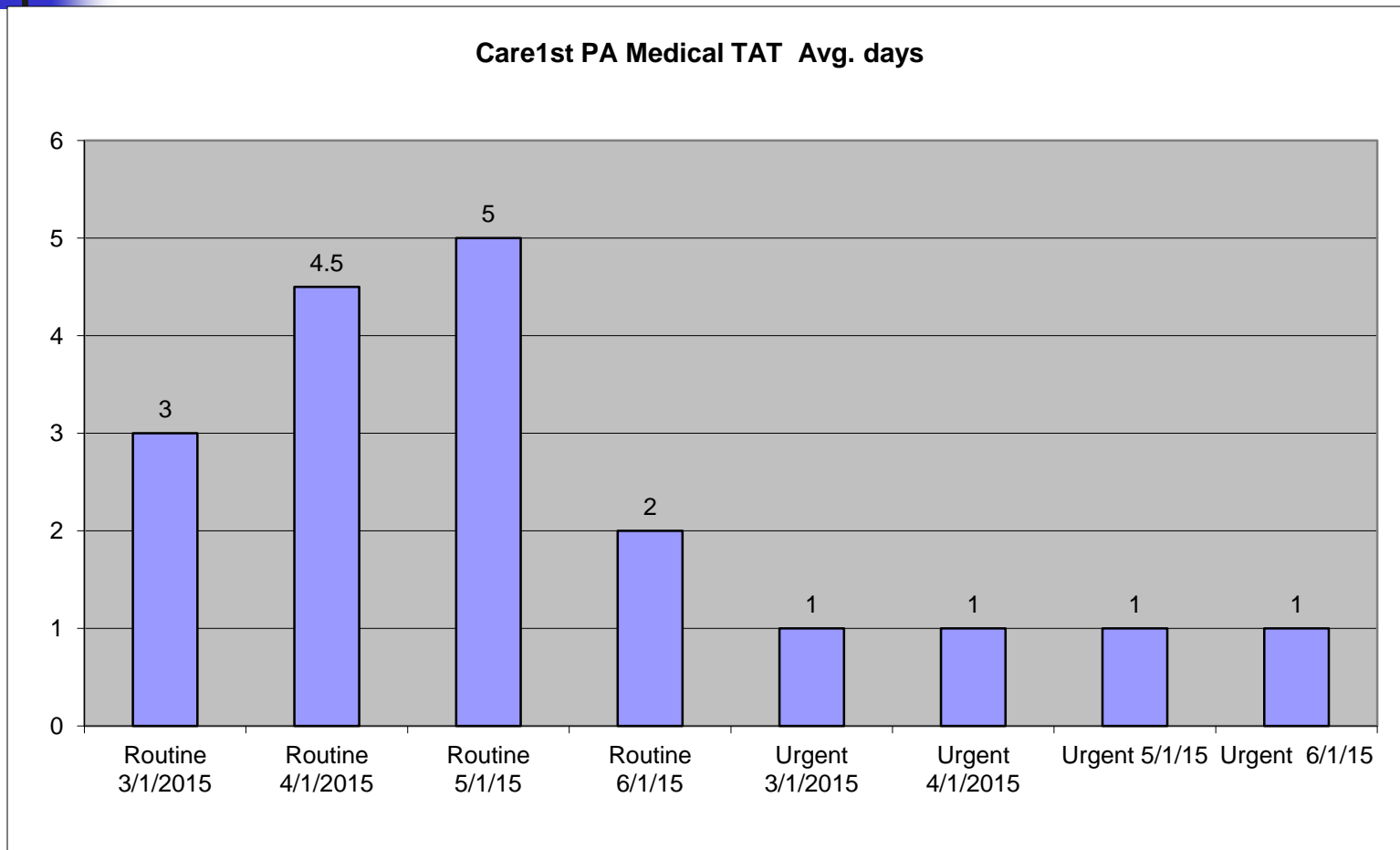
The list of in-office J-Codes requiring prior authorization has been refreshed with multiple additions and deletions. Please review *Attachment I: J & Q Codes* for the list of codes.

Additional service additions:

- C9027 INJECTION, PEMBROLIZUMAB, 1 MG (Attachment II: ASC)
- C9136 INJECTION, FACTOR VIII, FC FUSION PROTEIN, (RECOMBINANT), PER IU (Attachment II: ASC)
- 45399 UNLISTED PROCEDURE, COLON (Attachment III: In Office)
- <https://www.care1st.com/az>: Providers > Prior Authorization Guidelines

Medical Management

Medical Prior Auth Turn Around Time





Medical Management

UPDATES TO THE TREATMENT AUTHORIZATION REQUEST (TAR) FORM

We have updated our Treatment Authorization Request (TAR) form.

Collecting these additional pieces of information allows us to process your requests by reducing additional outreach to you.

- Anticipated DOS
- Group/Practice Affiliation
- FQHC Location (yes/no)

Make certain your request is checked “Routine” or “Urgent” as medically appropriate and include relevant medical documentation to support the request. The TAR form is also available at www.care1st.com/az

Follow: Care1st > Providers > Forms > select Medical Prior Authorization Form



Medical Management

Orthotics - Expanded Coverage

AHCCCS has expanded its coverage of orthotic devices for **members who are 21 years and older.**

Beginning August 1, 2015, orthotics are covered for AHCCCS members 21 years of age and older when all of the following apply:

- The use of the orthotic is medically necessary as the preferred treatment option consistent with Medicare Guidelines
- The orthotic is less expensive than all other treatment options or surgical procedures to treat the same diagnosed condition
- The orthotic is ordered by a Physician or Primary Care Practitioner

Cont.



Medical Management

Orthotics - Expanded Coverage cont.

- There is no change in coverage of orthotic devices for members who are under 21 years of age
 - *For members under the age of 21, AHCCCS covers orthotics when they are medically necessary and the orthotics cost less than other treatments that are as helpful for the condition*
- Prior Authorization is required for orthotics and Hanger is our exclusive contracted provider



Behavioral Health

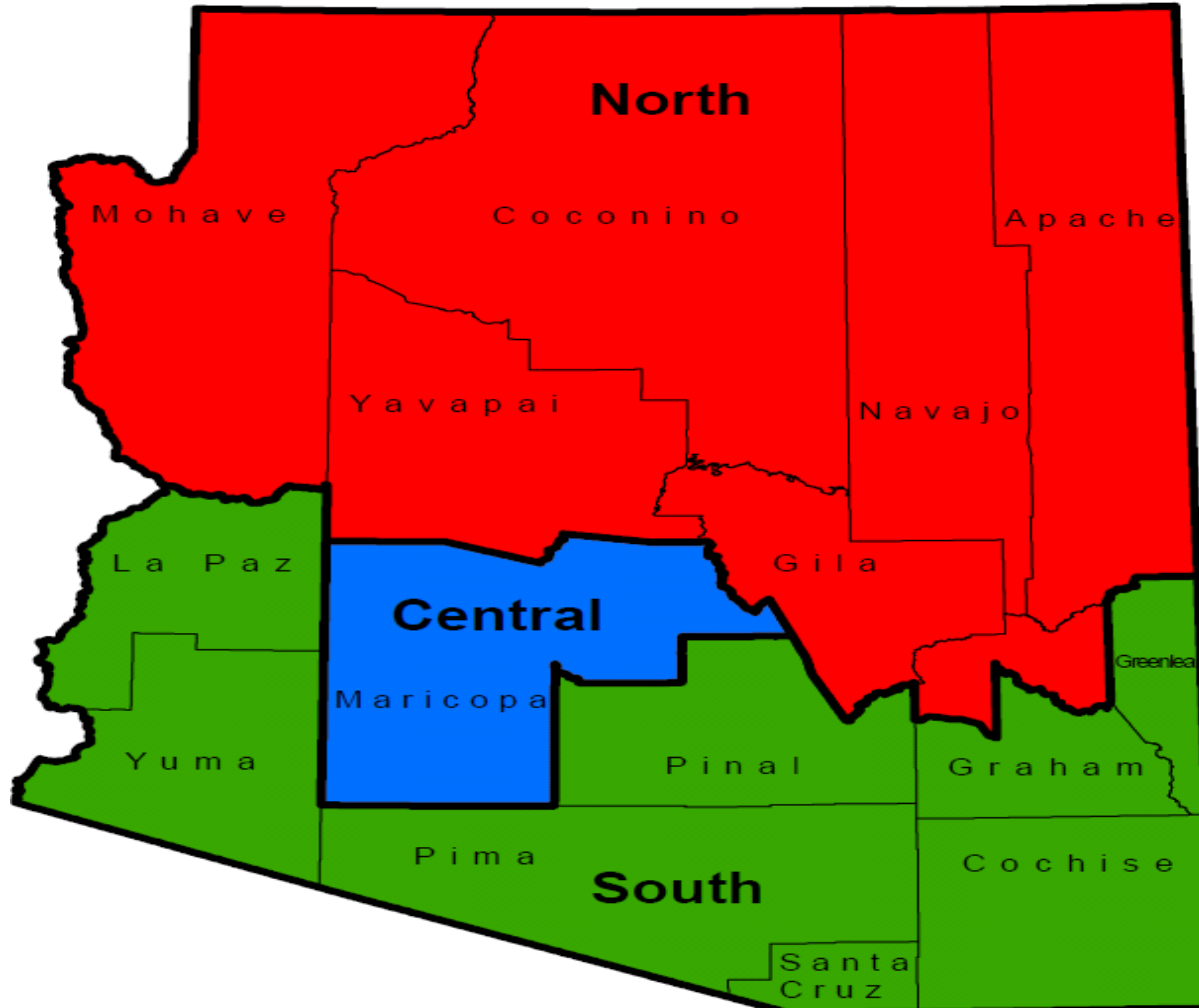
Greater AZ Integrated RBHAs

RBHA Changes as of 10/01/15

Integrated RBHAs					
<i>RBHA</i>	<i>Name</i>	<i>Contact Information</i>	<i>Geographic Region</i>	<i>Effective Date</i>	<i>Population Served</i>
	Health Choice Integrated Care	(800) 640-2123	Northern	10/01/15	SMI Members
	Mercy/Maricopa Integrated Care	(800) 564-5465	Central	04/01/14	SMI Members
	Cenpatico Integrated Care	(866) 495-6738	Southern	10/01/15	SMI Members
Non-Integrated RBHAs					
<i>RBHA Name</i>	<i>Contact Information</i>	<i>Geographic Region</i>	<i>Effective Date</i>	<i>Population Served</i>	
Health Choice	(800) 640-2123	Northern	10/01/15	Non-SMI Members	
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Cenpatico	(866) 495-6738	Southern	10/01/15	Non-SMI Members	

Behavioral Health

Greater AZ Integrated RBHAs





Behavioral Health

Medicare Dual-Eligible Integration

Primary Care Physicians

- **Coordination of Benefits**

- As of 10/01/15, Care1st will become the secondary insurance for mental health and substance abuse services, instead of the RBHA or Tribal RBHA system
- As the secondary insurance, Care1st will pay for co-payments, deductibles and some services not covered by Medicare
- The member's Medicare plan will continue as the primary insurance for BH services

- **Behavioral Health Referrals**

- Refer member to their primary Medicare plan's behavioral health provider network
- Educate the member about the change and assure them that Care1st will work with their current T/RBHA provider to continue services

- **Coordination of Care**

- Care1st is here to help if PCPs and members have questions regarding available BH services, BH referral procedures or coordination of care issues
- PCPs and members may contact the Medicare BH Coordinator at (866) 560-4042 (choose option 5 followed by 1; and dial extension 1834 when asked)



Behavioral Health

Medicare Dual-Eligible Integration

Behavioral Health Providers

▪ **Provider Network Operations Support**

- Your assigned PNO Representative can help you navigate this transition process
- BH providers may contact PNO at (866) 560-4042 (choose option 5 followed by 7)
- Fax (602) 778-1875 or email PNOaz@care1st.com

▪ **Behavioral Health Prior Authorization**

- Inpatient Services
 - All inpatient services require prior authorization
- Outpatient Services
 - Facility-based services require prior authorization
 - Non facility-based services do not require authorization for contracted providers
 - Care1st will not require prior authorization for non-contracted/non-credentialed providers for a 30-day transition grace period (10/1/15–10/31/15)
- Prior Authorization Contact
 - Care1st is here to help if you have prior authorization or clinical criteria questions
 - BH providers may contact the Behavioral Health Manager at (866) 560-4042 (choose option 5 followed by 1; and dial extension 1834 when asked)



Behavioral Health

Medicare Dual-Eligible Integration

Behavioral Health Providers

- **Behavioral Health Claims and Billing**
 - CMS 1500 or UB-04 claim forms should be used, depending on provider type
 - For your convenience, Care1st offers electronic claims submission through *Emdeon* (register by calling *Emdeon* at (888) 363-3361 (Care1st *Emdeon* payer ID is 57116))
 - Electronic fund transfer allows claim payment to be electronically deposited into the designated bank account (EFT registration form is available at www.care1st.com/az)
 - Paper claims may be mailed to: Care1st Health Plan/Attention: Claims Department
2355 E Camelback Rd #300, Phoenix, AZ 85016
 - BH providers may contact the Care1st Claims Liaison at (866) 530-4042 with questions (choose option 5, followed by 1; and dial extension 1877 when asked)
- **Behavioral Health Coordination of Care**
 - Care1st is here to help if you have questions regarding available BH services, referral procedures, clinical criteria, prior authorization or coordination of care issues
 - BH providers may contact the Care1st Medicare BH Coordinator at 866-560-4042 (choose option 5 followed by 1; and dial extension 1834 when asked)



Claims

ICD 10

- Testing and implementation are in final stages
- CMS communication regarding transition period
 - No denials for 12 months after implementation based solely on the specificity of the ICD-10 codes, as long as a code is used from the same family. (AHCCCS has not indicated they will be following this guideline)
 - CMS will set up a communication and collaboration center to monitor implementation, and name an Ombudsman to receive and triage provider issues
 - Additional measures related to quality reporting
- Contacting Claims Customer Service vs. Claim Disputes & Appeals on Denials
 - When receiving a denial please make claims customer service your first point of contact on denied claims. This enables a claims customer service representative to assist in review and explanation of the denial prior to filing a claim dispute. In some cases the issue may be able to be resolved without further escalation.



Claims

Encounters

- The most recent Encounters Keys (2015 releases) can be accessed on the AHCCCS website:
<https://www.azahcccs.gov/commercial/ContractorResources/encounters/EncounterKeys.aspx>
- 2015 Highlights
 - New lab codes for genetic testing and drug screens (G codes replacing 80000 series codes) and radiation treatment (G codes)
 - Dental varnish code updates (99188 replacing D1206)
 - 97802-97804 can now be reported by an MD/physician
 - Changes to radiology coding (covered vs. non-covered)
 - Dental codes D6110 – D6117 covered only for period between 01/01/15 through 03/31/15
 - ICD-9 codes for newborn health supervision, V20.31 under 8 days and V20.32 8 days to 28 days



Claims

Encounter trends

- Procedure/diagnosis codes billed outside of the AHCCCS allowable age limits
- PA's/NP's billing labs are not eligible for provider type (primarily pain management) and labs billed without CLIA certification
- Invalid CPT/modifier combinations, primarily modifier 59 at this time

FQHC

- Billing format reminders

Secondary Billing

- Guidelines will sometimes differ between primary billing and AHCCCS requirements (examples: bi-lateral procedures and maternity)
 - Consideration is given by Care1st in these situations and will not result in a denial for corrected EOB



Claims

Top 5 Claim Denials, July 2015

1. Exact duplicate, 4042 claims
2. Authorization non-contracted provider, 2715 claims *
3. Member has primary coverage, 2479 claims
4. Member ineligible on date of service, 2123 claims
5. Exceeds timely filing, 917 claims

* 1,640 of these were laboratory claims



Dental

Top 5 Dental Denials, July 2015 Advantica

1. FQHC claims must be submitted with the facility NPI, please resubmit
2. Duplicate services previously submitted and processed
3. Prior records indicate patient has COB, please resubmit with EOB or denial from primary carrier
4. Provider not active with AHCCCS on date of service
5. Claims filing deadline has expired



Dental

Prior Authorization Tips

- Submit Prior Auth requests online for fastest turnaround time
- Ensure requesting Prior Auth for services that require authorization
- Prior Auth disputes require an Appointment of Representation (AOR), if submitted by the provider
- Prior Auth disputes should be submitted to Care1st Claims Disputes
- Prior Auth requests for general anesthesia should include name of the anesthesiologist or anesthesia group
- Periodontal scaling and root planning prior auth submissions require x-rays, perio charting and documentation of patient's oral hygiene status



Dental

Tips

- D9230 is not covered with D9248
- D0210 and D0330 cannot be billed in conjunction and only 1 is allowed every 36 months
- Porcelain crowns and crown build-ups are not covered if tooth has not been endo treated
- Porcelain crown is not covered for patients under 18 years of age
- FQHC Tips
 - Please add “FQHC” in the remarks section of the ADA form
 - Should be billed with appropriate fees



Dental

EDI and EFT

Electronic Data Interchange (EDI)

- **Emdeon**

Contact your software vendor to set up electronic submissions to Emdeon

- **EHG – EDI Health Group, Inc.–DentalXChange**

Enroll online <http://www.dentalxchange.com/partners/WebClaim>
or call (800) 576-6412, ext. 455

- **Tesia**

Enroll online www.tesia.com or call (800) 724-7240

- **Advantica Web Portal**

Register at www.advanticabenefits.com/providers



Dental

EDI and EFT

- **Electronic Funds Transfer (EFT)**

Advantica partners with Emdeon for EFT

Enroll online at <https://www.emdeondental.com/>

Enroll via phone at (888) 255-7293

- **Benefits to EFT**

Faster payment

Reduced administrative burden

Reduced costs



Provider Network Operations

Advantica Website

<https://www.advanticabenefits.com/>

- Online Provider Portal
 - Providers > Provider Login
- Dental Clinical and Billing Guidelines
 - Located on both Care1st and Advantica websites
 - Care1st – Providers > Dental
 - Advantica – Providers > Provider Login



Provider Network Operations

Care1st Website

<https://www.care1st.com/az>

- Territory Assignment Grid
 - Providers > Provider Rep Contact Info
- Blast Faxes
 - Providers > Blast Faxes
- Forms
 - Providers > Forms
 - AZAHP Data Form Updates
 - Adds, Terms and Changes

Q & A

