



CARE1ST PROVIDER FORUM

March 2015

Agenda



- RAFFLE!!
- Website Overview
- PCP role in Dental Health
- Developmental Screenings
- Credentialing
- Controlled Substances
- Prior Authorization
- Claims
- Claim Disputes and Appeals
- More Raffle!!



Website Overview

Care1st Website

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

- Login screen and basic navigation
 - Choose “Provider Login” in upper right corner of home page
- Blast Faxes
 - Providers > Blast Faxes
- Forms
 - Providers > Forms
- Dental information
 - Providers > Dental

[Care1st Home](#)**For Providers**

- [Blast Faxes](#)
- [Compliance Resources](#)
- [Community Resources](#)
- [Dental](#)
- [Disease Management](#)
- [Forms](#)
- [Formulary](#)
- [Forums](#)
- [ICD-10](#)
- [Login](#)
- [Mailings and Newsletters](#)
- [Manual](#)
- [Our Network](#)
- [Practice & Preventive Health Guidelines](#)
- [Prior Authorization Guidelines & Criteria](#)
- [Provider Rep Contact Info](#)
- [Quality Measure Results](#)



Welcome Providers

You play a very important role in the delivery of health care services to our members. Care1st is committed to working closely with you. We continually work to remove administrative barriers so that you can focus on caring for our members.

Medical administration including Member Services, Prior Authorization, Claims, Provider Network Operations, Case Management, Disease Management, Concurrent Review, Quality Management and Behavioral Health are housed in the same central location in Phoenix, fostering close communication and coordination between all areas.

We look forward to partnering with you to achieve better outcomes and to increase patient satisfaction and access to preventive care.



Care1st Health Plan is initiating strategies to make the process of submitting a claim, gathering information on Member Eligibility, tracking claims, and payment for services easier for our contracted Providers. We understand that streamlining business practices is the ultimate goal between managed care health plans, and health care providers while maintaining high quality health care services to our Members.

Benefits of using the Care1st Provider Login Area:

- Faster submission of claims
- Cuts down on paperwork
- Efficient

Provider Login

Username

Password

[TERMS OF USE & DISCLAIMER](#)

I have read and understood the Terms of Use

Login

Reset

[Not registered? Click here to Request Access.](#)

Welcome Providers!

Welcome to the Provider Area, where you can access Member Eligibility, Status Claims, search for Providers, view and print Remittance Advices and more.

Please select an area from your choices below:



MEMBERS



CLAIMS



PROVIDERS

DATE	AMOUNT	REASON	REMARKS
01/01/2024	1000.00	MEMBER ELIGIBILITY	MEMBER ELIGIBLE
01/01/2024	500.00	STATUS CLAIMS	STATUS CLAIMS
01/01/2024	200.00	SEARCH FOR PROVIDERS	SEARCH FOR PROVIDERS
01/01/2024	300.00	VIEW AND PRINT REMITTANCE ADVICES	VIEW AND PRINT REMITTANCE ADVICES

REMITTANCE

Claims Search

Instructions

By Member Number

By Claim Number

By Authorization Number

List Claims

i Instructions

There are four search methods to locate a claim:

1. Search Claims by Member Number

Member Number Formats:

- AHCCCS and DDD Members = Axxxxxxx
- Health Care Group Members = H000xxxxxx
- ONECare Members = xxxxxx*01

2. Search by Claim Number

- Enter Claim Number and Search

3. Search by Authorization Number

- Enter Authorization Number and Search

4. List Claims for the Past

- Enter the number of days for which you wish to display claims





Blast Faxes

2015

- ▶ [PROVIDER FORUM INVITATION MARICOPA COUNTY - 03/13/2015](#) PDF
- ▶ [PROVIDER FORUM INVITATION PIMA COUNTY - 03/13/2015](#) PDF
- ▶ [INCONTINENCE BRIEFS UPDATE - 03/06/2015](#) PDF
- ▶ [PROVIDER FORUM INVITATION - 03/04/2015](#) PDF
- ▶ [DENTAL CLINICAL AND BILLING GUIDELINES UPDATE - 03/03/2015](#) PDF
- ▶ [PROVIDER FORUM INVITATION - 02/27/2015](#) PDF
- ▶ [ADVANTICA SYSTEM UPGRADE NOTICE - 02/26/2015](#) PDF
- ▶ [PROVIDER FORUM INVITATION - 02/26/2015](#) PDF
- ▶ [PCP FLUORIDE VARNISH APPLICATION CODING UPDATE - 02/24/2015](#) PDF
- ▶ [UPDATES TO PRIOR AUTHORIZATION GUIDELINES/ EFFECTIVE MARCH 1, 2015 - 01/30/2015](#) PDF
- ▶ [FORMULARY UPDATES - 01/08/2015](#) PDF

2014

- ▶ [PROVIDER NETWORK OPERATIONS MAILING 2014 - 12/17/2014](#) PDF

- [Blast Faxes](#)
- [Compliance Resources](#)
- [Community Resources](#)
- [Dental](#)
- [Disease Management](#)
- [Forms](#)
- [Formulary](#)
- [Forums](#)
- [ICD-10](#)
- [Login](#)
- [Mailings and Newsletters](#)
- [Manual](#)
- [Our Network](#)
- [Practice & Preventive Health Guidelines](#)
- [Prior Authorization Guidelines & Criteria](#)
- [Provider Rep Contact Info](#)
- [Quality Measure Results](#)

Download Forms:

Prior Authorization

- ▶ [Pharmacy Prior Authorization Request PDF](#)
- ▶ [Medical Prior Authorization Form PDF](#)
- ▶ [Sterilization Consent PDF](#)
- ▶ [Authorization/ Pregnancy Risk Assessment PDF](#)
- ▶ [RSV Prophylaxis Eligibility Assessment PDF](#)

Case Management / Behavioral Health

- ▶ [Care1st Case Management Referral Form PDF](#)
- ▶ [MMIC Referral for Behavioral Health Services Form 3.3.1 Effective 4-1-14 PDF](#)
- ▶ [CPSA Referral for Behavioral Health Services Form 3.3.1 Effective 1-24-14 2 PDF](#)
- ▶ [Access to Behavioral Health Care Revised 4-1-14 2 PDF](#)

Credentialing & Contracting

- ▶ [AzAHP Practitioner Data Form PDF](#)
- ▶ [AzAHP Organizational Data Form PDF](#)
- ▶ [AzAHP Facility Application PDF](#)

Other

- ▶ [Claim Dispute PDF](#)
- ▶ [EFT Authorization PDF](#)
- ▶ [EPSDT Order PDF](#)
- ▶ [EPSDT Tracking PDF](#)
- ▶ [No Show Log PDF](#)
- ▶ [Newborn Reporting PDF](#)
- ▶ [Provider Directory Correction Request PDF](#)

- [Compliance Resources](#)
- [Community Resources](#)
- [Dental](#)
- [Disease Management](#)
- [Forms](#)
- [Formulary](#)
- [Forums](#)
- [ICD-10](#)
- [Login](#)
- [Mailings and Newsletters](#)
- [Manual](#)
- [Our Network](#)
- [Practice & Preventive Health Guidelines](#)
- [Prior Authorization Guidelines & Criteria](#)
- [Provider Rep Contact Info](#)
- [Quality Measure Results](#)



For Providers

Dental

Advantica administers Care1st and ONECare Dental Programs.

Advantica's website address is www.advanticabenefits.com

[Dental Clinical and Billing Guidelines - Effective 2/13/15](#)

[Dental EDI/EFT Important Details](#)

Advantica/Care1st Clinical and Billing Guidelines:

- ▶ [Members Under 21](#)
- ▶ [Members 21 and Over](#)

- [Blast Faxes](#)
- [Compliance Resources](#)
- [Community Resources](#)
- [Dental](#)
- [Disease Management](#)
- [Forms](#)
- [Formulary](#)
- [Forums](#)
- [ICD-10](#)
- [Login](#)
- [Mailings and Newsletters](#)
- [Manual](#)
- [Our Network](#)
- [Practice & Preventive Health Guidelines](#)
- [Prior Authorization Guidelines & Criteria](#)
- [Provider Rep Contact Info](#)
- [Quality Measure Results](#)



PCP Role in Dental Care

FLUORIDE VARNISH

- Following training on varnish application, PCPs and mid-levels are encouraged to apply fluoride varnish during EPSDT visits and bill for the service
 - **NEW code 99188 effective April 1, 2015**
 - Begin varnish application at 6 months of age or at 1st tooth eruption
 - Continue application every 6 months up to 2 years of age

Training available at:

<http://www.smilesforlifeoralhealth.org>

Choose: Online Courses > Fluoride Varnish

- Plans are required to perform audits to confirm completion of the training therefore it's important to upload a copy of your certificate to CAQH so it's available to all AHCCCS health plans!



Developmental Screenings

Additional reimbursement is available for completion of Developmental Screening(s) at 9 mo, 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 EP modifier Developmental screening should be performed at EPSDT Visits at 9, 18 and 24 month using one of the AHCCCS approved developmental tools.
- NOTE: Developmental screenings can be done at any visit but are not eligible for additional reimbursement



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
- Information about training on Developmental screening tools is available on the Arizona Department of Health Services website:
 - <http://www.azdhs.gov>
 - Choose: Audiences > Clinicians > Training Opportunities > Developmental Screenings



Credentialing

- Credentialing Alliance
 - APERTURE—contracted CVO for all AHCCCS plans
- All providers use CAQH during AHCCCS health plan credentialing process
- Re-credentialing begins ~ 3 months prior to credentialing date
 - Re-credentialing date “aligns” across all AHCCCS health plans
 - Please keep provider info updated on CAQH to avoid delays in completing the re-cred process

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

CONTROLLED SUBSTANCES



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

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

CONTROLLED SUBSTANCES



Recommendations:

- Register for the Controlled Substances Prescription Monitoring Program (CSPMP)
 - *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



Prior Authorization

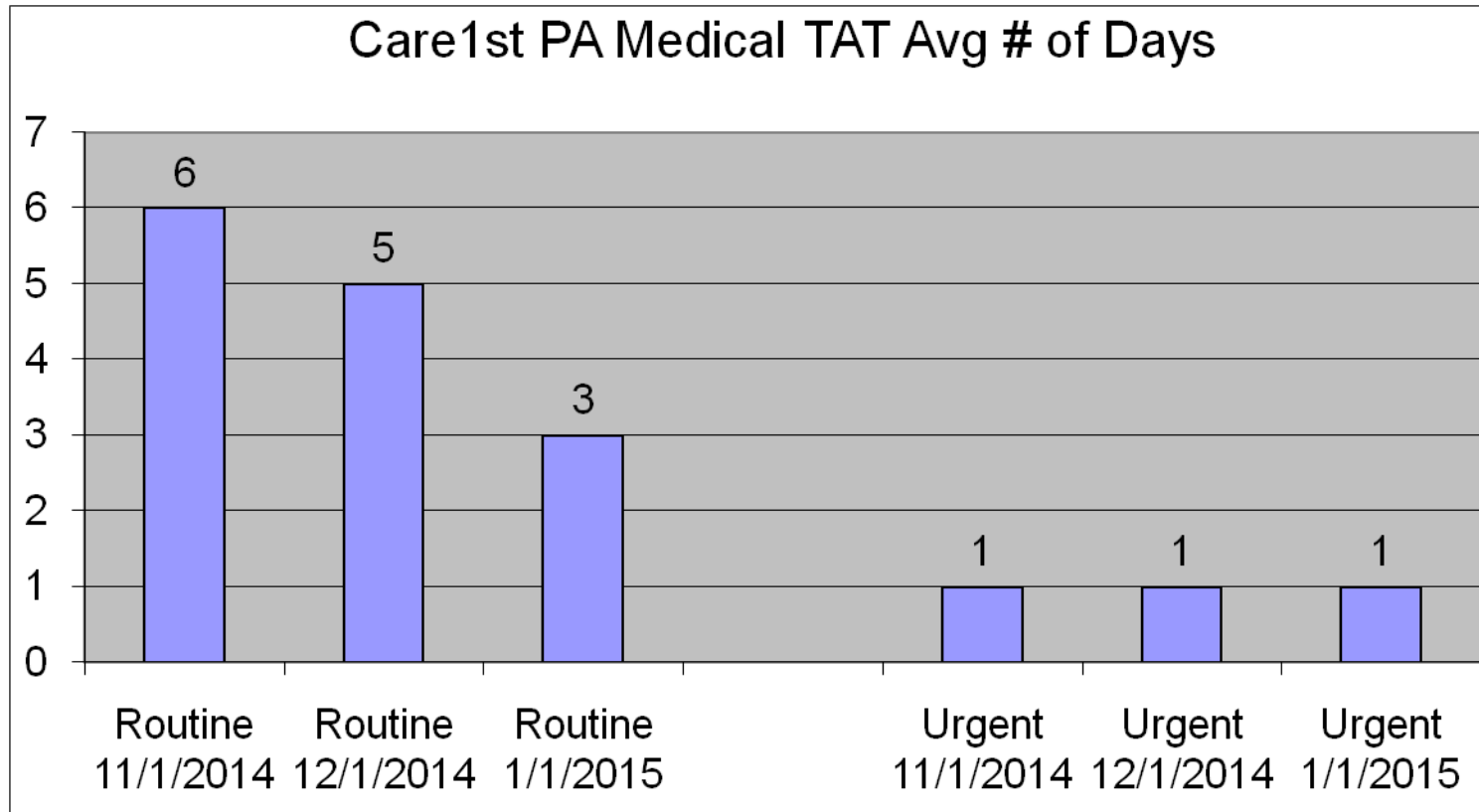
Changes to our Prior Authorization Guidelines effective *March 1st, 2015*:

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.

The other service additions by CPT Code Range:

- 64642- 64647 Chemodenervation extremities/trunk muscles (Pain Management)
- 92521- 92524 Evaluation of Speech Fluency/Sound Production (Outpatient Rehab)
- <https://www.care1st.com/az>: Providers > Prior Authorization Guidelines

Prior Authorization





Prior Authorization

AHCCCS defines an Urgent request as:

“A request for services in which either the requesting provider indicates or the Contractor determines that following the standard timeframes for issuing an authorization decision could seriously jeopardize the member’s life or health or ability to attain, maintain, or regain maximum function.”



Prior Authorization

Care1st is transitioning to a new medical prior authorization entry system!

You will receive prior authorization decisions via 1 of 2 methods:

- Current method – decision added to the submitted Treatment Authorization Request Form in a text box.
- New method – decision documented in a Provider Prior Authorization Determination Letter with an authorization number that begins with the letter “E”. *Example: **Authorization # E2087***



Claims

Additional Modifiers to Define Subsets of Modifier 59:

Effective 01/01/15 four new HCPCS modifiers to define subsets of the -59 modifier, a modifier used to define a “Distinct Procedural Service, are available for use

- XE: Separate Encounter, A Service That Is Distinct Because It Occurred During A Separate Encounter
- XS: Separate Structure, A Service That Is Distinct Because It Was Performed On A Separate Organ/Structure
- XP: Separate Practitioner, A Service That Is Distinct Because It Was Performed By A Different Practitioner
- XU: Unusual Non-Overlapping Service, The Use Of A Service That Is Distinct Because It Does Not Overlap Usual Components Of The Main Service

Similar to modifier 59, records to support the use of modifiers XE, XS and XU are required for codes within the range 10000-69999 and 94640.



Claims

ICD 10

- Testing has resumed again with selected vendors
- Crosswalks in place and tested
- Final preparations in place for 10/01/15 implementation

Maternity Update

- AHCCCS is reviewing the current guidelines of obstetrical care that require each visit be reported individually. Care1st has submitted several examples of different billing scenarios for AHCCCS review.
- A copy of the examples sent to AHCCCS for review are attached, any changes will be communicated by blast fax if/when implemented



Claims

- **Fluoride Varnish Update**

- Effective 04/01/15, the application of Fluoride during an EPSDT visit must be billed using CPT code 99188, which replaces D1206.
- D1206 will deny for dates of service on and after 04/01/15.
- Reimbursement = \$18.58

- **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 first assist you in review and explanation of the denial prior to you putting the work into filing a claim dispute. In some cases the issue may be able to be resolved without further escalation.

- **Encounters**

- The most recent Encounters Keys (Fourth quarter 2014) can be accessed at on the AHCCCS website <http://www.azahcccs.gov>:
Plans, Providers, Contractors > Contractor Resources and Rates > Encounter Resources > Encounter Keys Newsletter



Claims

Top 5 Claim Denials February 2015

1. Exact Duplicates (3,375)
 2. Primary Insurance not billed (2,532)
 3. No authorization for non-contracted provider (1,733)
 4. Patient not eligible on DOS (972)
 5. Provider not registered with AHCCCS (589)
- Denials for rebilling with records (usually modifier 59) decreased



Claim Disputes & Appeals (CD&A)

Care1st, like all other AHCCCS health plans, has a robust process for the receipt and adjudication of provider disputes

- What is a claim dispute?
- What is needed to pay/process your dispute?
- Care1st's obligations to you



Claim Disputes & Appeals (CD&A)

What is a Claim Dispute:

- The AHCCCS Administration defines the term Claim Dispute as
 - R9-34-402(B) “Claim dispute” means a dispute involving a payment of a claim, denial of a claim, imposition of a sanction or reinsurance.
- Meaning; *the claim must have been acted on*
 - The addition or subtraction of material information precludes a matter from being a claim dispute, in that the current iteration has not been acted on.
 - Resubmissions supplying previously missing documentation, are not claim disputes
 - Corrected submissions, are not claim disputes



Claim Disputes & Appeals (CD&A)

What is needed to pay/process your dispute:

- The AHCCCS Administration defines the Content of a Claim Dispute as
 - R9-34-404 Content of Claim Dispute: A claim dispute shall specify in detail the factual and legal basis for the claim dispute and the relief requested. AHCCCS shall deny a claim dispute if the factual or legal basis is not detailed.
- Meaning; *be clear, be concise, be cogent*
 - To research your issue, we need you to identify the claim you are disputing, and specifically, what you believe Care1st did incorrectly in the adjudication of your claim and how (i.e. what evidence you used) you come to that conclusion.
 - Advising the health plan that the claim paid at an outdated fee-schedule, is a good example
 - Advising the health plan that the services were provided *in good faith* and that's why we should reconsider the claim, is not a good example



Claim Disputes & Appeals (CD&A)

Care1st Obligations to You

- Care1st must
 - Acknowledge your dispute within 5 business days
 - Provide for an independent review
 - Render a decision, in writing, within 30 days of receipt
 - Provide statute, rule or other authority for the resolution of the dispute
 - Pay approved disputes within 15 days of decision
 - Provide you access to our Claim Dispute Policy

Q & A

