



CARE1ST PROVIDER FORUM

March 2016



Agenda

1. RAFFLE!!
2. Medical Claims
3. Emergency Department Diversion Program
4. E-Prescribing Controlled Substances
5. Opioid Prescribing Guidelines
6. Sonora Quest Services Overview
7. Encounters Overview
8. Provider Network Operations
9. Another Raffle
10. Dental Claims
11. Dental Prior Authorizations and Tips



Claims

ICD 10 Follow up

- Feedback on current ICD issues
 - Missing digits on the diagnosis code
 - Invalid diagnosis codes
 - Billing ICD9 codes
- Maternity Claim reminders for services spanning 10/1/15

EPSDT/Sick Visit Reimbursement

- Following wrap up of PCP Parity, reimbursement for EPSDT and E&M visits on the same date of service reverted to the former Care1st standard:
 - EPSDT visit paid at 100% of fee schedule
 - E&M for sick visit paid at 50% of fee schedule
 - Effective on claims processed on or after 11/9/15



Claims

Encounter Keys

- The most recent Encounters Keys (fourth quarter 2015) can be accessed on the AHCCCS website:
<https://www.azahcccs.gov/PlansProviders/Downloads/Encounters/Newsletter/NovemberDecember2015.pdf>
- Keep in mind AHCCCS may make changes effective retroactively in order to solve an issue that's been brought to their attention
- Highlights from last release
 - The CPT code 96110 (Developmental Testing; Limited (e.g. Developmental Screening Test Limited, Early Language Milestone Screen, With Interpretation and Report) now has a minimum age of 000 years and a maximum age limit of 008
 - Effective retroactively for dates of service on or after October 1, 2014 modifiers RT (Identifies Right Side) and LT (Identifies Left Side) have been added to the CPT code 59151 (Removal Of Ovarian Or Tubal Pregnancy including Removal Of The Ovary and/or Tube Using An Endoscope).



Claims

Encounter Keys – Continued

- Effective for dates of service on or after December 1, 2015 the AHCCCS Coverage Code was changed from 01 (Covered Service/Code Available) to 09 (Medicare Only) for CPT/HCPCS codes, G0460, 90839, 90840
- Effective retroactively back to November 1, 2014 CPT code 37243 (Occlusion of tumors or obstructed blood vessel with radiological supervision road mapping and imaging) has been added to the POS 11 (Office)

Secondary Billing

- Guidelines sometimes differ between the primary payer and AHCCCS (examples: Bi-lateral procedures, maternity, FQHC services), consideration is given by Care1st in these situations and will not result in a denial for corrected remit



Claims

Top 5 Claim Denials, January 2016

1. *Authorization required non-contracted provider* 2,808 claims (1,741 in December)
2. *Exact duplicate* 2,702 claims (3,773 in December)
3. *Member has other primary coverage* 2,094 claims (2,613 in December)
4. *Member ineligible on date of service* 1,304 claims (1,675 in December)
5. *Exceeds Timely Filing Limit* 647 (N/A in December)



Claims

2015 Provider Survey Results

- Satisfaction with initial claims handling (82.8%)
- Satisfaction with resolution of claims issues (82.8%)
- Timeliness of resolution of claims issues (76.6%)
- Satisfaction with claims customer service dept (82.8%)
- Satisfaction with provider service staff (81.6%)

Public Service Announcement

What can we do to continue to improve for you?



ED Diversion Program

CYE 2016 Expansion

- Program expands to include low-moderate Emergency Department utilization
- Legislature requires intervention for 4 or more ED visits within six months
- Care1st implements intensive intervention strategies with provider partners
- Care1st uses utilization analytics to improve identification and predict outcomes



ED Diversion Program

Emergency Department Interventions

- **Implement utilization reduction plan with hospital/treating physicians ED staff**
 - Coordinate with PCP, BH provider and ED physician to develop a plan of care to assess and treat in lowest level of care appropriate in hospital setting
 - Broker agreements with ED physicians to treat and release a member with chronic, habitual ED admissions with similar presentation
 - Educate regarding appropriate use of ED, Urgent Care, Nurse Line, County Crisis Line, Behavioral Health, Substance Abuse, PCP and Medical Specialist services
- **Coordinate with ED Social Worker/RN regarding outpatient discharge plan**
 - Set up PCP appointment and other follow-up medical care prior to discharge
 - Determine if member has safe housing, confirm diagnoses and treatment, discuss medical needs and coordination with medical providers
 - Review overutilization of facility services and determine method for member and/or facility staff to contact Care1st ED Diversion Coordinator at next ED visit
- **Promote self-management of chronic symptoms and diseases**



ED Diversion Program

Primary Care Provider Interventions

1. Ensure member is established with PCP and has a developed plan of care
2. Provide member PCP information or PCP referral if required
3. Determine barriers to regular PCP utilization and attempt resolution
4. Assist member with scheduling a PCP follow-up appointment and transportation
5. Establish urgent appointment availability with PCP
6. Provide PCP with information post ED visit (e.g. phone contact, follow-up letter)
7. Identify and address treatment adherence issues with member and provider
8. Coordinate appropriate behavioral health, pain management or specialist referral
9. Facilitate discussion of care plan with Member/PCP/Specialist/PM/BH provider
10. Determine need for additional community resources and support services



E-Prescribing Controlled Substances

It IS legal to E-Prescribe Controlled Substances (EPCS)!

Here are the benefits:

1. One workflow for all prescriptions: non-controlled and controlled substances
2. Condensed record keeping for a patient's entire prescription history
3. Reduced fraud and abuse
4. Improved legibility
5. Decreased adverse drug events

E-Prescribing Controlled Substances



How to get started:

1. Contact your Electronic Health Record vendor and ask if they are certified to do e-prescribing (many are)
 - If yes, proceed to step 2
 - If no, discuss the benefits of e-prescribing with them and inquire on their timeline
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
6. Enjoy the benefits!



Opioid Prescribing Guidelines

1. Utilize a comprehensive pain management assessment tool
2. Assess for substance use, behavioral health issues and risk of opioid misuse
3. Refer member to appropriate specialty services based on assessment
4. Review the AZ Controlled Substance Prescription Monitoring Program (CSPMP)
5. Request initial urine drug test and then random tests throughout treatment
6. Discuss the rules of the signed pain management contract with each patient



Opioid Prescribing Guidelines

7. Consider all forms of non-opioid treatment to manage the patient's pain
8. Prescribe at the lowest possible dose to achieve treatment goals
9. Counsel patients regarding non-opioid pain management techniques and practices
10. Review the CSPMP prior to prescribing to determine morphine/diazepam equivalent daily dose, multiple providers, potential misuse or pain contract violations



Sonora Quest
Laboratories™

A Subsidiary of Laboratory Sciences of Arizona

Sonora Quest Laboratories Services Overview



Introduction to Sonora Quest Laboratories

- Integrated laboratory system servicing over 7,000 clients throughout Arizona
- 98% of all testing performed within our main laboratories – over 75,000 diagnostics tests per day
- More than 50 board certified pathologists
- Extensive network of 70 Patient Service Centers serving the entire State of Arizona
- A commitment to leading-edge technology and state of the art facilities provides access to the latest, most innovative, and medically pertinent tests available
- Care360[®] Labs & Meds, our online test order and result system, helps provide for efficient management of your patients' lab results for additional clinical insights while letting you securely store, access, and share patient information with all-around ease
- Offer urine-based Prescription Drug Monitoring testing with highly sensitive, low cut-off levels



Introduction to Sonora Quest Laboratories

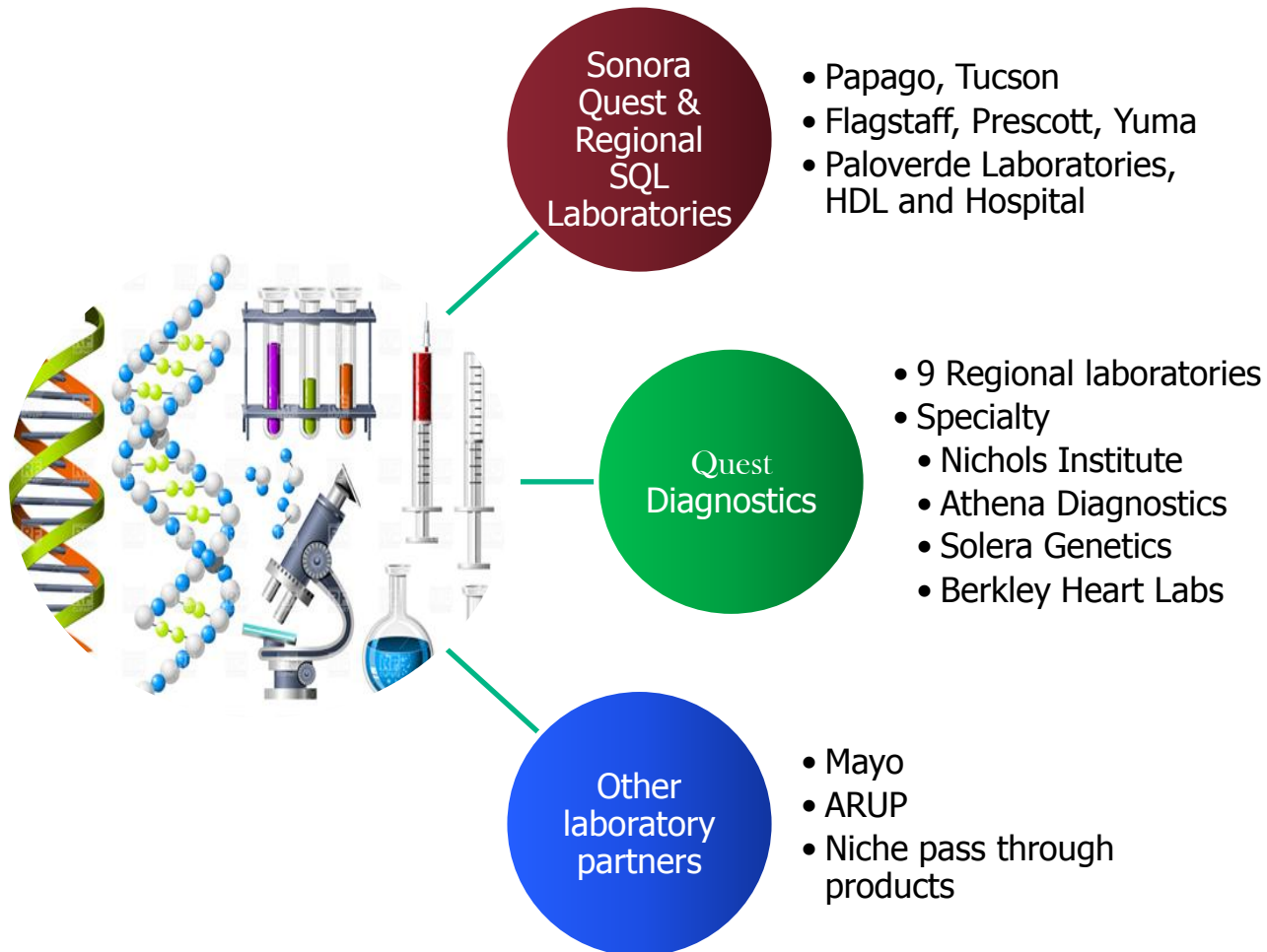
- Six-sigma quality – A continuous focus on process improvement and implementing best practices
- Patient Satisfaction - In 2015, >92% of patients surveyed by a third party provider rated overall experience with Sonora Quest Laboratories as very good or excellent
- Proven focus on quality, recognized by numerous awards representing our hard work and commitment to patient care:
 - Sonora Quest Laboratories is the only healthcare company ever to receive our state's highest quality award, the Arizona Governor's Award for Quality. No organization has attained this award since.
 - Other recent awards **#1 Bioscience Company in Arizona** for five consecutive years, most recently in 2016 by *Ranking Arizona / Az Big Media*; a **2011 Business Ethics Award** by the *Better Business Bureau of Greater Arizona*; seven consecutive **Best Places to Work** awards from the *Phoenix Business Journal*, most recently in 2014; and an **Arizona Showcase in Excellence Award** from the *Arizona Quality Alliance*



Introduction to Sonora Quest Laboratories

- My Lab ReQuest™ - Sonora Quest Laboratories offers a select menu of health profiles and screening tests as well as testing for allergies, diabetes, heart health, immunity, and infectious diseases all without a doctor's order as Direct Access Testing
- Sonora Quest Laboratories has partnered with Safeway to open Sonora Quest Laboratories Patient Service Centers within select Safeway stores in Arizona. The Patient Service Centers will provide consumers access to convenient lab testing inside Safeway stores, directly next to the pharmacy.
- AIM Reporting (Actionable Insights Managements Analytics). By utilizing actionable robust laboratory data, Sonora Quest will assist Care1st in your efforts to improve patient outcomes and meet population health management goals

Integrated Laboratory Network





Advanced Laboratory Test Options

- Autoimmune - ANA Cascading reflex
- Cardiovascular
 - Cardio IQ™ advanced lipid testing
- ImmunoCap IgE serology testing
 - Assess and manage environmental, food and asthmatic episodes due to allergic triggers
- Pain Management
 - Pain optimized immunoassay, LC/MS confirmation, 15 class drugs, 56 metabolites
- Infectious Disease
- Women's Health
 - Cytology, Molecular, Genetic

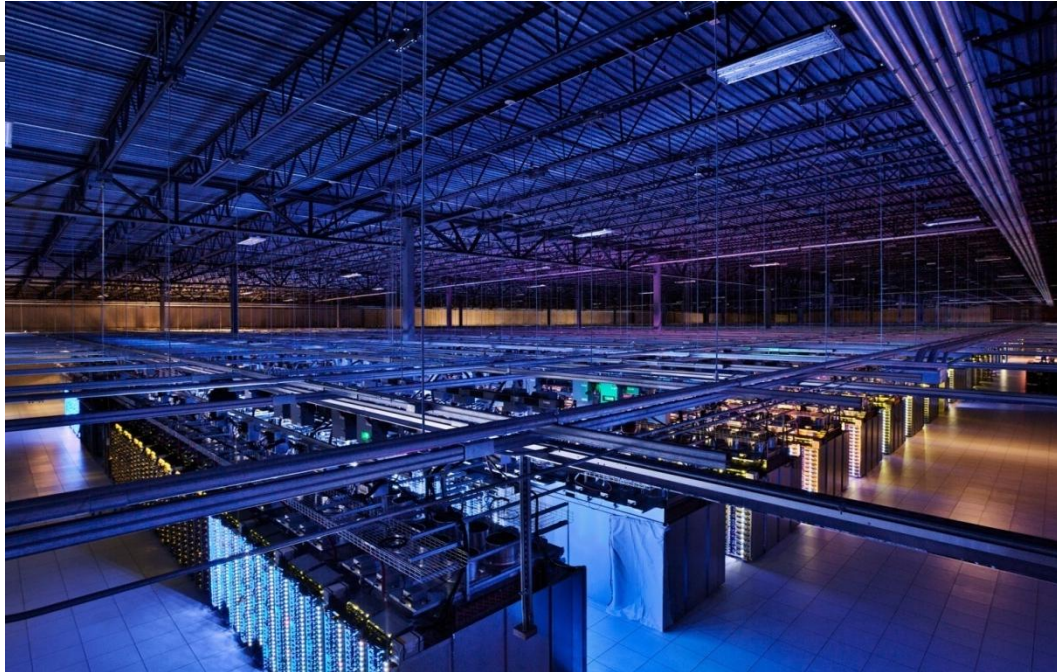


Sonora Quest
Laboratories™

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Thank you!

Encounters



Ever Wonder...

What happens to my claim after it is paid?

Why are there non-payment claim edits?

Who looks at the data and how is it used?



Encounters

What happens after payment?

- 50 years ago, not much
 - Participation agreements/volume pricing
- Over time more data driven
 - Quality of care/outcome measures
- Now, dawn of complex data analytics and predictive modeling
 - Clinical priorities/measurable events



Encounters

Why non-payment claim edits?

- Inaccurate or invalid data may affect:
 - Quality of care analysis
 - Management/treatment of patient disease
 - Provider profile/patient risk group
 - Fraud, waste and abuse analysis
 - Pre-payment 100% medical review
 - Audits and sanctions



Encounters

Who uses the data?

- AHCCCS Health Plans
- AHCCCS
- Arizona Governor and Legislature
- CMS
- CDC
- HHS
- Federal Policy Makers

Provider Network Operations

CMS Part D Enrollment Requirement

- The Centers for Medicare and Medicaid Services (CMS) finalized regulation CMS-4159-F
- Regulation requires all providers, including dentists, who write prescriptions for Medicare enrollees, to be enrolled with CMS in an approved status *or* have a valid opt-out affidavit on file before August 1, 2016
- If you do not enroll, prescriptions will be denied beginning February 1, 2017



© Can Stock Photo



Provider Network Operations

CMS Registration Requirement in Order to Prescribe!

- What you should do?
 - If you write prescriptions for Medicare members, enroll or have a valid record of opting out
- How to enroll?
 - Submit the enrollment application electronically or paper. See attached blast fax for details.



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
 - Practice Updates (Adds, Terms, Changes)
- Our Network
 - Providers > Our Network
 - Search function
 - PDF version available



Provider Network Operations

[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.

Provider Network Operations

Care1st Website Enhancements

Member Eligibility of Secure Provider Portal Previous Format



[Members](#) | [Claims](#) | [Providers](#) | [Remittance Advices](#)

Search by: [Member Number](#) | [Member Name](#) | [Phone Number](#)

Member No. or State ID:

Transaction performed on June 16, 2014

MEMBER NAME	MEMBER NUMBER	DOB	SEX	GROUP CD	STATUS
<input type="text"/>			F	3918	A
ADDRESS:	<input type="text"/>	PHONE:	<input type="text"/>		
PCP EFF. DATE:	JUN-16-14	PLAN EFF. DATE:	MAY-14-14		
PCP NAME:	DELORENZI, IRENE B	REGION:	MARI		

Eligibility History Data

GROUP CD	BEGIN DATE	END DATE
391H	04/01/2014	05/13/2014



Provider Network Operations

Care1st Website Enhancements

Summary of Changes

- Added member's mailing address to the search results
 - Residential Address and Mailing Address
- Added PCP group name and phone number
- Added Dental provider information
 - Dental home name (assigned dentist's name)
 - Dental group name
 - Dental phone
 - Dental effective date
 - If no dentist is assigned, i.e. adult members, the fields will reflect N/A
- Added a link to AHCCCS Online
<https://azweb.statemedicaid.us/Account/Login.aspx> with directions on how to obtain member co-pay information
- Added a "status" legend to indicate A=Active and D=Disenrolled

Provider Network Operations

Care1st Website Enhancements

New Format

Member Information

MEMBER NAME	MEMBER NUMBER	DOB	SEX	GROUP CD	EFF DATE	STATUS	LOB
			M	2210*1	JUN-27-11	A	DDD
RESIDENTIAL ADDRESS		MAILING ADDRESS				PHONE	


Provider Information

PCP NAME	PCP GROUP NAME	PCP PHONE	PCP EFF DATE
VAZQUEZ, FERNANDO E	MOUNTAIN PARK HEALTH CENTER	602/243-7277	AUG-31-15

Dental Information

DENTAL HOME NAME	DENTAL GROUP NAME	DENTAL HOME PRIMARY PHONE	DENTAL HOME EFF DATE
CLARK, JENNIFER M	FOUR PEAKS FAMILY DENTISTRY PLC	480/994-9485	AUG-01-14

Dental Information

 To obtain member copay information, please visit AHCCCS Online at <https://azweb.statedemicaid.us>. Once in the member's record click on the CoPayment tab and open the CoPay Level Reference Document.

Eligibility History Data

GROUP CD	BEGIN DATE	END DATE
1112	JUN-08-10	JUN-26-11
111B	MAY-01-10	JUN-05-10
4312	NOV-01-09	APR-30-10

AHCCCS Link

Status legend

Status:
A = Active
D = Disenrolled

Provider Network Operations

Member Search

Instructions

By Member Number

By Member Name

By Phone Number

Instructions

There are three search methods to locate a member:

1. Search by Member Number

Member Number Formats:

- AHCCCS and DDD Members = Axxxxxxx
- ONECare Members = xxxxxx*01

2. Search by Member Name

- Fill out fields of Last Name, First Name, and Date of Birth

3. Search by Member Phone Number

- Include the area code



Dental

Advantica Website

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

- Online Provider Portal
 - Providers > Provider Login
- Dental Clinical and Billing Guidelines
 - Providers > Provider Login > Log on > Reference Manuals
 - Guidelines also are available on Care1st website: www.care1st.com/az Providers > Dental

Dental

Advantica Website



- Home
- About Us
- Resource Center
- Contact Us

Admin > Logout



- Members
- Providers
- Benefit Managers
- Brokers & Consultants
- Health Plans

- View EOB
- Check Claim Status
- View Plan/Benefit Information
- Online Claim Submission
- View Online Claims
- Online Prior Authorization
- Prior Authorization PDF
- View Prior Authorizations
- Reference Manuals
- Vision Provider Manual

My Profile

Provider Main

- [View EOB](#)
- [Check Claim Status](#)
- [View Plan/Benefit Information](#)
- [Online Claim Submission](#)
- [View Online Claims](#)
- [Online Prior Authorization](#)
- [Prior Authorization PDF](#)
- [View Prior Authorizations](#)
- [Reference Manuals](#)
- [Vision Provider Manual](#)

Dental

Advantica Website Enhancements

View Claim Status

[Back to Main](#)

Location: ▼

Provider Name: ▼

- Upon log in, you now have options under locations and providers to “Select All Locations” and/or “Select All Providers”

Dental

Advantica Website Enhancements

View EOB

[Back to Main](#)

Location: ▼

Provider Name: ▼

Search By: ▼

Search For: Start Date: End Date:

- **Viewing Remittance Advice Options.** Upon log in, you now have options under locations and providers to “Select All Locations” and/or “Select All Providers”



Dental Claims

Electronic Data Interchange (EDI)

- **CHANGE Healthcare (Emdeon)**
 - Contact your software vendor to set up electronic submissions to CHANGE Healthcare (Emdeon)
 - For CHANGE Healthcare (Emdeon) Dental Connect support or questions 888-255-7293 or dentalproducts@changehealthcare.com or dentalsupport@changehealthcare.com
- **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 Claims

Electronic Funds Transfer (EFT)

- Advantica partners with CHANGE Healthcare (Emdeon)
- **Options for enrolling**
 - Enroll online at <https://www.emdeondental.com/>
 - Enroll via phone at (888) 255-7293 Mon-Fri 8am-7pm EST
 - You no longer are required to enter an NPI to complete enrollment

Electronic Remittance Advice (ERA)

- Advantica works with CHANGE Healthcare (Emdeon)
- To enroll, go to: www.emdeon.com/epayment/enrollment.com and complete the online enrollment form. When prompted, enter Advantica Payer ID 43168. If you are already enrolled just link your Emdeon account with the Advantica Payer ID.



Dental Claims

Top 5 Dental Denials

1. Duplicate services previously submitted and processed
2. Service(s) not covered when rendered by out of network provider
3. FQHC claims must be submitted with the facility NPI. Please resubmit.
4. Claims filing deadline has expired
5. Invalid CDT code. Please resubmit with valid CDT code.



Dental Prior Authorization

Prior Authorization Tips

1. Submit prior auth requests online for fast turnaround time
2. Only request prior auth for services that require authorization
3. Prior auth appeals require an Appointment of Representation (AOR), if submitted by the provider
4. Prior auth appeals are be submitted and handled by our Care1st Claims Disputes & Appeals Team
5. Prior auth requests for general anesthesia should include name of the anesthesiologist or anesthesia group and the estimated treatment time



Dental Prior Authorization

Prior Authorization Tips continued

6. Prior auth request for general anesthesia also should include a narrative as to why anesthesia is requested and previous experience with attempts to treat (ie. Nitrous, OCS, etc). Medical and behavioral conditions should also be included.
7. Periodontal scaling and root planning prior auth submissions require X-rays, perio charting and documentation of patient's oral hygiene



Dental Prior Authorization

Other Tips

1. D9230 is not covered with D9248
2. D0210 and D0330 cannot be billed in conjunction and only 1 is allowed every 36 months
3. Porcelain crowns and crown build-ups are not covered if tooth has not been endo treated
4. Porcelain crown is not covered for patients under 18 years of age
5. Space maintainers for 1st primary molars are not covered after 6 year molars have erupted into occlusion
6. FQHC Tips
 - Please add “FQHC” in the remarks section of the ADA form and bill with appropriate fees.

Advantica Customer Service: 866-425-2323

Q & A

