CARE1ST PROVIDER FORUM

April 2017

Agenda

1. RAFFLE!!
2. WellCare Impact
3. Phoenix Health Plan Membership Transition
4. Health Plan Resources
5. EPSDT
6. Developmental Screening
7. Opioids
8. Medical Prior Authorization Updates
9. Medical Claims
10. Dental Resources
11. Dental EDI and EFT
12. Dental Claims
13. Dental Prior Authorizations and Tips
14. FINAL RAFFLE!!

Care1st and WellCare

- WellCare is Care1st's parent organization as of January 1, 2017.
- WellCare focuses exclusively on providing government sponsored managed care services, primarily through Medicaid, Medicare Advantage and Medicare Prescription Drug Plans.
- Care1st website continues to be https://www.care1st.com/az/index.asp
- Care1st will continue to operate under same name
- No impact to daily operations (i.e. credentialing, claims, prior authorization, etc.)
- Future changes to staff email and website address are coming. WE'LL KEEP YOU POSTED AS SOON AS WE HAVE DETAILS AND TIMELINE!

Transitioning of Phoenix Health Plan (PHP) Members

- WellCare (Care1st Parent Company) and Tenet (PHP Parent Company) entered into an agreement to transfer PHP members to Care1st effective May 1, 2017 following open enrollment period
- Open enrollment February 1-March 31 PHP members have opportunity to choose new plan. Those that do not become Care1st May 1, 2017
- New ID cards
- Same covered services
- Claims for dates of services **PRIOR** to May1, 2017 are submitted to PHP
- Claims for dates of service May 1, 2017 and **AFTER** submitted to Care1st
- Valid and open prior authorizations provided by PHP honored by Care1st through expiration date or July 31, 2017, whichever comes first

Health Plan Resources

Website

Health Plan Resources

Website

Mailings & Reference Materials

Care1st and ONECare produces network mailings and reference materials for our provider network. The network mailings are designed to provide updates, helpful reminders and tools. Updated forms, copies of recent blast fax communications and our Quick Reference Guide (specifically designed to be a useful reference tool for you and your staff) are included.

Below is the most recent Network Mailing and Reference Materials.

Mailings

- Provider Network Mailing
- Quick Reference Guide

Reference Materials

- Care1st Provider Billing Education Tool
- FQHC Billing Reminder
- EPSDT & E&M Billing Reminders

- FQHC servicing provider should be billed in field 19 according to AHCCCS Guidelines. AHCCCS has updated their encounter edits to support this policy on 2/16/17

PCP ReAlignment

- Member's have ability to change their PCP at anytime by contacting Member Services
- PCP realignment used to update member's PCP assignment based on claims received. GOAL: minimize frustration felt by PCP practices outreaching to members to close gaps in care and discovering member being seen by someone else
  - Beginning in March, updates are performed through a weekly process that reviews claims received
  - If assigned PCP is different than what is on claim, Care1st updates member's assigned PCP to match PCP on claim
  - PCPs within same group do not result in change
  - Letter generated notifying member of new PCP assignment

EPSDT VISITS

- Follow periodicity schedule as closely as possible
- Don’t wait 12 months from last visit or for child’s birthday
- Complete well visit during sick visit whenever possible. Reach out to members on GAPS in CARE report.

Developmental Screenings

- Complete developmental screenings/surveillance at every visit *(see periodicity schedule)*
- Reimbursement available for completion of a Developmental Screening **at 9, 18 and 24 months and if**:
  - An AHCCCS approved Developmental Tool is used
  - Required training on the use of the Tool is completed
  - Proof of training/certification is uploaded to CAQH
- Bill with CPT code 96110 and EP modifier

AHCCCS Approved Developmental Screening Tools

- PEDS Tool – Parents Evaluation of Developmental Status
- ASQ – Ages and Stages Questionnaire
- MCHAT – Modified Checklist for Autism in Toddlers
  - Used for children **16 – 30 months of age** to screen for autism when medically indicated

Training information for these tools available on Arizona Department of Health Services website:

- http://www.azdhs.gov/clinicians/index.htm
  - Click Training Opportunities and then Developmental Screenings

0 – 15 Months Visits

- The goal is **6 well-care visits in first 15 months**!
- Consider numbering each 0 – 15 month visit in the record (i.e. 1 – 6)
  - Practitioner – reinforce importance of scheduling next visit
  - Front office staff – schedule next visit at check out
- Complete well visit during sick visit whenever possible

No – Show Log

Missed appointments lead to Gaps in Care!

- Notify us of Member Name, Date of "No Show"
  - Fax a "No-show" log each week
  - Fax EPSDT form with above information
  - Fax to: 602-224-4373
- We will reach out to these members when notified within 30 days.
- Questions? Please call 602-778-1886

AMRR UPDATE

(*Arizona Medical Record Review*)

- Results may not be available for the first round of audits recently completed.
- The audit tool is being revised to correct glitches found in the initial set of reviews.
- Please keep in mind:
  - Goal is to reduce burden on offices by consolidating audits across all Medicaid Plans
  - Per AHCCCS regulations, requested records must be submitted at no cost

Opioids

- Effective January 1, 2017 Long Acting Opioids (Ex. Oxycontin, Fentanyl Patches, MSER etc):
  - Prior authorization required for all ages and days' supply
- Effective April 1, 2017 Short Acting Opioids (Ex. Percocet, Vicodin, Oxycodone etc):
  - For 18 years and older, initial prescription limited to 7-day supply
  - For under age 18, initial and refill prescriptions limited to 7-day supply

Opioids

Exceptions to Mandate listed below. Prescriber *required to add designated wording to e-script or script*:

- Active Oncology diagnosis
  - Prescriber required to notify pharmacy prescription is for ICD-10CM code G89.3 (Neoplasm related pain)
- Post-Surgery
  - Prescriber required to notify pharmacy prescription is for "Post-Surgical Care" for a maximum of 14 day supply
- Traumatic Injury – not including Post-Surgical procedures
  - Prescriber required to notify pharmacy prescription is for trauma and provide applicable ICD-10CM trauma code

Retro Review of Opioid Utilization

- Retro review of members utilizing following in 3 months:

4 or more:	OR	12 or more
o Prescribers		Abuse potential drugs
o Pharmacies		
o Abuse potential drugs		

- Chart reviews of prescribers with multiple members with opioid overutilization

CDC Guidelines for Opioid prescribing

- Opioids not first-line therapy-consider non-opioid therapies first
- Establish goals for pain and function
- Discuss Risks and Benefits
- Use Immediate-Release Opioids when starting
- Use lowest effective dose
- Prescribe short durations for acute pain
- Evaluate benefits and harms frequently

CDC Guidelines for Opioid prescribing

- Use strategies to mitigate risk
- Review CSPMP
- Use urine drug testing
- Avoid concurrent opioid and benzodiazepine prescribing
- Offer treatment for Opioid Use Disorder

STAT/Urgent Prior Authorizations

- Please submit ONLY when a provider or Care1st determines using standard time frame could **seriously jeopardize the member's life or health** or ability to attain, maintain, or regain maximum function
- Care1st's pharmacy and medical departments make every effort to make decision on STAT/Urgent within 1 business day
- AHCCCS/DDD guidelines allow 3 business days to complete a STAT/Urgent request
- If more information is required, we can extend a request for additional 14 days

Medical Prior Authorization
Top Non-Covered Service Requests Received

- AHCCCS - Acute Adults
  - **Outpatient Occupational Therapy, Speech Therapy** and **Chiropractic** services (not covered for adults 21 and older)
  - **Allergy Testing and Immunotherapy**, including desensitization treatment
    - Not covered for adults 21 and older unless member has had an **anaphylactic reaction** to an **unknown** allergen, or has exhibited such a severe reaction that it is reasonable to assume further exposure may result in **life-threatening situation**.

Medical Prior Authorization
Top Non-Covered Service Requests Received

Limited Medical & Surgical Services by a Dentist/Oral Surgeon

- Routine preventive and restorative services NOT a covered benefit for Care1st adult members 21 and older
- **Coverage limited to treatment of a medical condition**
  - Eligible adults may receive limited problem focused exam, required radiographs; complex oral surgical procedures, such as treatment of maxillofacial fractures, appropriate anesthesia, the prescription of pain & antibiotics.
  - TMJ diagnosis & treatment not covered except for reduction of trauma.
  - *Additional services are covered for transplant & cancer patients. please see guidelines:* *https://www.care1st.com/az/providers/dental.asp*

Medical Claims

Claims Resources and Updates

- Available resource material (Encounter Keys, Claims Clues, Biller's Corner)
  - Health Exam Newborn Z00.110 and Z00.111 age limits updates
  - Provider type 08 (MD Physician) can now report 97010
  - Provider type 19 (Registered NP) can now report 24640, 38220, 43282
  - Place of service 11 updates – 21501, 26113, 26116, 27767, 43999, 45990
  - Modifier 59 to labs 80301, 80302, 80305, 80306, 80307 80320, 80329
- Feedback on Care1st Website resources
- Forum Breakout session

Medical Claims

Updates Continued

- Percussive vests covered effective 01/01/17
- Billing for physical therapy case rate claims
  - Modifier GP for physical therapy
  - Modifier GO for occupational therapy under 21*
- Effective 01/01/17 - Place of service 02 (Telehealth) added to following codes.
  - *Behavioral Health* 90791, 90792, 90832 – 90838, 90845, 96116, 96150-96154, G0396, G0443-G0447, G0459
  - *Dialysis* 90965, 90966, G0420-G0421
  - *Nutrition/Management* 97802-97804, 99406-99407, 99495-99496, G0108-G0109, G0270
  - *Evaluation & Management* 99201-99204, 99211-99215, 99231-99233, 99307-99310, 99354-99357, G0406-G0408, G0425-G0427, G0436-G0439

Medical Claims

Out of Network Lab Referrals

- Sonora Quest is Care1st's exclusive provider of laboratory services
- Top provider specialties by volume with out-of-network lab referrals
  - Urgent Cares
  - Pain Management
  - OB GYN

Outreach and Partnership

- Weekly high volume denial report
  - 80305 QW modifier
- Customer service and audit trending
- Billing and Utilization Workgroups

Medical Claims

Top 5 Claim Denials last month

1. Exact Duplicate – 4,686
2. Primary Insurance on file – 2,985
3. Provider not contracted -1,975
4. Patient not eligible on date of service – 1,859
5. Exceeds Timely Filing Limit – 1,228

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
  - ONECare guidelines can be found at https://www.care1st.com/az/healthplans/onecare/2017/ > Providers > Dental

Dental

Advantica Portal

Dental

Electronic Data Interchange (EDI)

- **CHANGE Healthcare (Emdeon)**
  - Contact your software vendor to set up electronic submissions to CHANGE Healthcare (Emdeon), Advantica Payer ID 43168.
  - 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, Advantica Payer ID 43168
- **Tesia**
  - Enroll online www.tesia.com or call (800) 724-7240, Advantica Payer ID 43168
- **Advantica Web Portal**
  - Register at www.advanticabenefits.com/providers

Dental

Electronic Funds Transfer (EFT)

- Advantica partners with RedCard effective 2/1/17
- **Enrollment is easy!**
  - Enroll online at https://enroll.ach835.com/new
  - Reference Document to assist you with enrolling located on Advantica Website: www.advanticabenefits.com/Providers/Provider_Reference_Manual - RedCard EFT and ERA Enrollment Portal.

EFT Benefits

- Increase Staff Productivity
- Reduce risk of theft or fraud
- Achieve more predictable cash flow

Dental

Electronic Remittance Advice (ERA)

- Advantica partners with RedCard effective 2/1/17
- **To Enroll:**
  - Enroll online at https://enroll.ach835.com/new
  - Reference Document to assist you with enrolling can be found on the Advantica Website at www.advanticabenefits.com/Providers/Provider_Reference_Manual - RedCard EFT and ERA Enrollment Portal.
  - You will receive paper remits for 3 pay periods after you enroll for ERA. After that time, you will only receive electronic remits.

Electronic Attachments Transmittals

- Submit attachment using NEA-Fast
- **To Register:**
  - Register online at https://reg.nea-fast.com/ and click on "I am a new client", choose your location and then click "Next".
  - Register via phone by calling 800-782-5150 (Option2).

Dental

Top 5 Claim Denials, February 2017

1. Duplicate services previously submitted and processed
2. Prior records indicate patient has COB. Please resubmit with EOB or denial from primary carrier.
3. This procedure is not a benefit for members age 21 and over.
4. Claims filing deadline has expired
5. Service(s) not covered when rendered by out of network practitioner

Dental

Claim Tips

- Guidelines & documentation requirements are available at:
  - Advantica Website - www.advanticabenefits.com - Providers > Provider Login > Log on > Reference Manuals
  - Care1st Website - www.care1st.com/az - Providers > Dental
- When submitting a COB claim – Please ensure primary carrier information is included on claim form:
  - Subscriber's Name
  - Date of Birth
  - Primary Insurance Member ID Number
  - Employer Group

Dental

Waste and Abuse

The following areas are being reviewed for Waste and Abuse:

1. High incidence of OL and OB fillings on molars.
2. High frequency of pulpotomies with crowns.
3. Low frequency of sealants compared to fillings

Dental

New AHCCCS DDD Benefit Updates

- DDD members 21 years and older
  - Effective October 1, 2016, dental services, including dentures, are covered for AHCCCS DDD members 21 years and older
  - Dental services limited to a total benefit amount of $1,000 per member for each 12 month period, i.e. October 1-September 30
  - Coverage is member specific and benefit limit remains in place even if member transfers plans
  - Unused benefits do NOT roll over
  - Prior Authorization requirements – same as under 21
  - General Anesthesia (GA) covered and count towards benefit limit. GA also requires prior authorization.
    - This includes dentists or physicians performing GA

Dental

ONECare (Medicare) Denture Benefit

- ONECare members have denture benefits effective January 1, 2017.
  - The Denture Benefit is $825 every 5 years toward partial or complete dentures
  - Denture benefit is in addition to existing annual $1,250 benefit
  - The Denture Benefit is once every 5 years
  - Bridge work not covered
  - No prior authorization required for ONECare
  - See ONECare Clinical & Billing Guideline for additional information https://www.care1st.com/az/providers/dental.asp?healthplan=onecare > Advantica/Care1st ONECare Benefits Information

Dental

Prior Authorization Tips

1. Services that require prior auth identified with an * on Clinical and Billing Guidelines
2. Submit prior auth requests online for faster turnaround time *Standard* – Requests processed within 2 business days and urgent requests are processed within 1 business day
3. Only request prior auth for services that require it
4. Prior auth requests for general anesthesia should include name of anesthesiologist or anesthesia group and estimated treatment time
5. Prior auth request for general anesthesia also should include narrative as to why anesthesia is requested and previous experience with attempts to treat (i.e. Nitrous, OCS, etc). Medical and behavioral conditions should also be included

Dental

Prior Authorization Tips Continued

5. Periodontal scaling and root planning prior auth submissions require X-rays, perio charting and documentation of patient's oral hygiene
6. Prior auth appeals require an Appointment of Representation (AOR), if submitted by provider
7. Prior auth appeals are to be submitted and handled by our Care1st Claims Disputes & Appeals Team
8. Guidelines & documentation requirements are available at:
   - Advantica Website - www.advanticabenefits.com Providers > Provider Login > Log on > Reference Manuals
   - Care1st Website - www.care1st.com/az Providers > Dental

Dental

Other Tips

1. D9230 not covered with D9248
2. D9240 not covered on same day as hospital or ACS procedure, service/treatment
3. D0210 and D0330 cannot be billed in conjunction and only 1 allowed every 36 months
4. Porcelain crowns and crown build-ups covered only if tooth was endo treated
5. Porcelain crown not covered for patients under 18 years of age
6. Space maintainers for 1st primary molars not covered after 6 year molars have erupted into occlusion
7. FQHC Tips
   - Please add “FQHC” in the remarks section of the ADA form and bill with appropriate fees

Advantica Customer Service: 866-429-0495

Q & A