



CARE1ST PROVIDER FORUM



1

September 2017

AGENDA

1. RAFFLE!!
2. Health Plan Resources
3. AHCCCS Updates
4. Provider Tech (Member Text Messages)
5. Dental Resources
6. Dental Claims
7. Dental Prior Authorizations and Tips
8. Case Management
9. Flu Vaccines
10. Opioids
11. Community Outreach
12. Medical Claims
13. FINAL RAFFLE!!

CARE1ST UPDATES

Our email addresses and website addresses have changed!

- Individual Email Addresses

- Old email addresses ended in: @care1st.com
- New email addresses end in: @care1staz.com or @wellcare.com

- Network Management (fka Provider Network Operations) Email Address

- Old email address: pnoaz@care1st.com
- New email address: sm_az_pno@care1staz.com

- Website Address

- Old website address: www.care1st.com/az
- New website address: www.care1staz.com

- Emails and the website link are being forwarded temporarily

- Please update your existing contacts and internet explorer link

CARE1ST UPDATES

WEBSITE

Network Overview | Provider...

File Edit View Favorites Tools Help

Free Hotmail Suggested Sites Web Slice Gallery PNO Database

Arizona

CARE1ST HEALTH PLAN

Provider Login | ONECare

Select Language

Care1st Home

For Providers

- [Blast Faxes](#)
- [Compliance Resources](#)
- [Community Resources](#)
- [Dental](#)
- [Disease Management](#)
- [E-Prescribing](#)
- [Filing a Claim](#)
- [Forms](#)
- [Formulary](#)
- [Forums](#)
- [ICD-10](#)
- [Login](#)
- [Mailings & Reference Materials](#)
- [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.

To learn how to participate in our network, please contact our Provider Network Operations Team at (602)778-1800 (Options in order: 5,7).

75%

CARE1ST 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](#) PDF
- ▶ [Quick Reference Guide](#) PDF

Reference Materials

- ▶ [Care1st Provider Billing Education Tool](#) PDF
- ▶ [FQHC Billing Reminder](#) PDF
- ▶ [EPSDT & E&M Billing Reminders](#) PDF

Care1st Resources

Changes to the Practice

- Please communicate any changes to the practice to ensure accurate processing of claims, payment and directory information
 - Includes providers joining or exiting, address changes, fax or phone numbers, etc.
- Please send notification by fax 602-778-1875 or by email SM_AZ_PNO@Care1staz.com.
- You may also contact your provider rep directly

AHCCCS UPDATES

AHCCCS has increased the electronic requirements effective October 1, 2017

- Electronic Data Interchange (EDI)
 - 85% of all claims submissions
 - 60% minimum for each form type (i.e. HCFA, Dental)
- Electronic Funds Transfer (EFT)
 - 85% of all claims payments
- Electronic Remittance Advice (ERA)
 - 75% of all remittances

See attached EDI and EFT Important Details Handout

AHCCCS UPDATES

Occupational Therapy Services

- Services have been expanded to members over 21 years of age in an outpatient setting

Adult Dental Benefit

- See Dental section

AHCCCS Minimum Subcontract Provisions

- Workers' Compensation Liability limits have been increased to \$1,000,000 for all limits
- Sexual Abuse and Molestation (SAM) is required for all practices providing services to children or and/or vulnerable adults
 - Insurance Certificate(s) must provide the following statement "Sexual Abuse and Molestation coverage is included" or "Sexual Abuse and Molestation coverage is not excluded".
 - If you are unable to obtain SAM coverage under your General Liability because the insurance market will not support it, it should be included with the Professional Liability

AHCCCS UPDATES

Value Based Purchasing (VBP) Activity

- AHCCCS Plans will be required to pass-through VBP Differential Adjustment Payment increases to match the corresponding AHCCCS Fee-For-Service rate increase
- **Integrated Clinics**
 - Must be registered with AHCCCS and designated with an IC Provider Type (PT-IC).
 - The VBP rate applies to select physical services rendered during the contract year
 - A VBP rate of 10% will be applied for CYE 2018
 - Services include E&M codes, vaccine administration codes, and a global OB code (see attached for specific codes)

AHCCCS UPDATES

Value Based Purchasing Activity Continued

○ E-prescribing

- Physicians, Physician Assistants and Nurse Practitioners
- Provider Types 08, 31, 18 and 19
- Must write a minimum 100 prescriptions for AHCCCS members and at least 50% of AHCCCS prescriptions are E-prescriptions
- Only approved and adjudicated encounters for July 1, 2016 through December 31, 2016 were used to calculate percentage (refills do not count if original met criteria)
- E-prescriptions must meet industry standards and are identified by Origin Code 3.
- A VBP rate of 1% will be applied for CYE 2018 for all services billed on a CMS Form 1500



CARE1ST
HEALTH PLAN ARIZONA
A WellCare Company

ProviderTech 

Great Experiences

Better Outcomes

Ryan Louis, Co-Founder

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E: ryan.louis@providertech.com







Leaders have Reinvented Themselves with a Focus on the Patient

- « A patient is the most important person in the Institution - In person or by mail.
A patient is not dependent on us - We are dependent on them.
A patient is not an interruption of our work - It is the purpose of it.
The patient is not an outsider to our business - They are our business.
The patient is not someone to argue or match wits with.
The patient is a person and not a statistic.
It is our job to satisfy them.



William E. Lower, M.D.
Co-Founder, The Cleveland Clinic Foundation

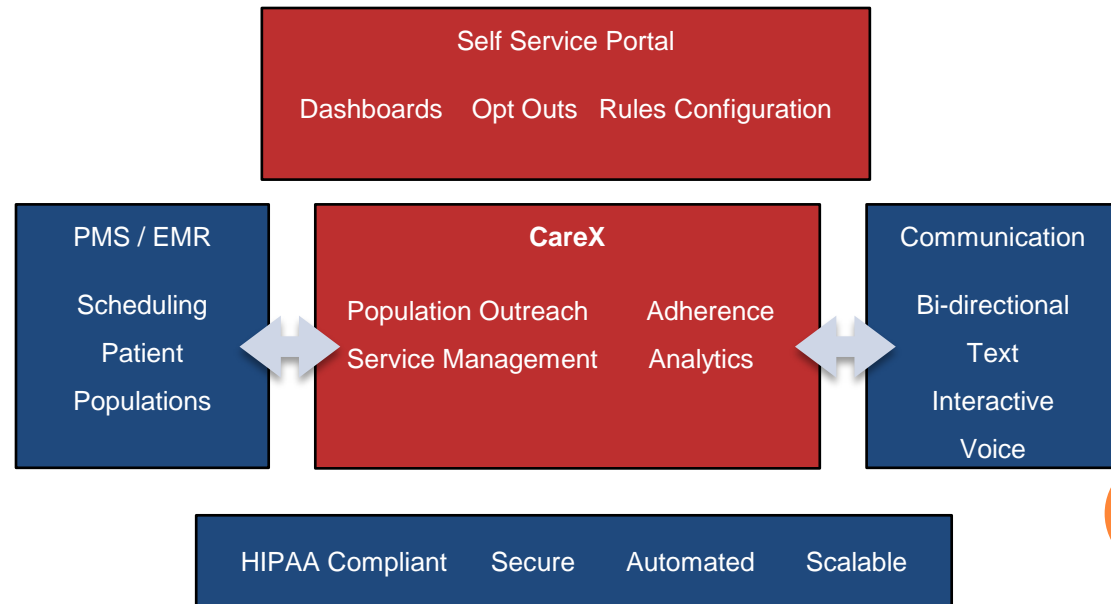
Welcome to ProviderTech

Mobile technology that reinforces healthy behaviors and promotes follow-up care.

Value based care incentives continue to accelerate, thus it has become critical to reach your patient populations in an effective and scalable manner.

ProviderTech partners with health care payers and providers to:

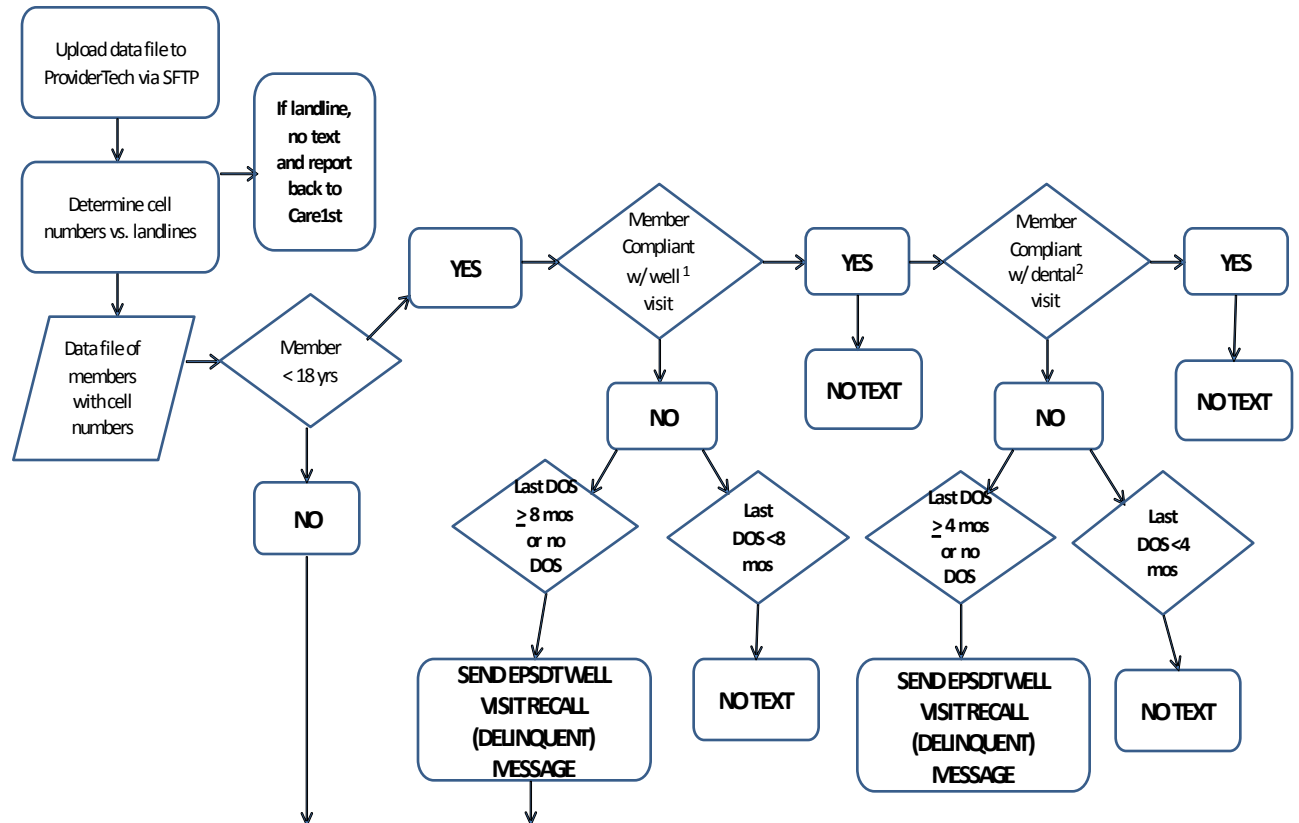
- Build a patient experience and communication strategy that drives your outcomes
- Enable a scalable communication platform to reach your populations
- Deploy your strategy with our industry best practices and your specific requirements



Outreach Overview



- EPSDT – Youth Wellness
- Dental Wellness
- Medical Wellness
- Pregnancy Education
- Postpartum Support





The beginning...

Your mother-to-be updates will start soon. Add this number to your contacts, so you won't miss these helpful tips. In the meantime, baby yourself by eating well, getting plenty of rest and taking your prenatal vitamins. Call our MCH Coordinator at 602-778-8336 M-F if you need any help.



Week 10

During the first trimester you will be going to OB doctor visits, having blood work and will get an ultrasound. These are important to help your doctor check your progress in having a healthy newborn.

What's been done so far?

14,429 introductory text messages

3,655 Young adult medical wellness reminder text messages

14,812 Youth medical wellness reminder text messages

Pregnancy messaging coming on live



Partnered with AHCCCS to obtain final approved messaging

Completed configuration and unique rules to target populations for outreach campaigns

Initial wellness campaigns drove high volumes of calls to Care1st

“Thanks for caring 1st“

“What is his pediatrician number?”

“Will call next week for appointment for physical and allergies. Thank you.”

“I've made his appointment for the 15th”

“OK! We are very happy with Care 1st Thank You!
Sincerely Maria”

Features:

- Voice + Text Outreach
- Auto-transfer to Care Team
- Orders collected via Text

Targets:

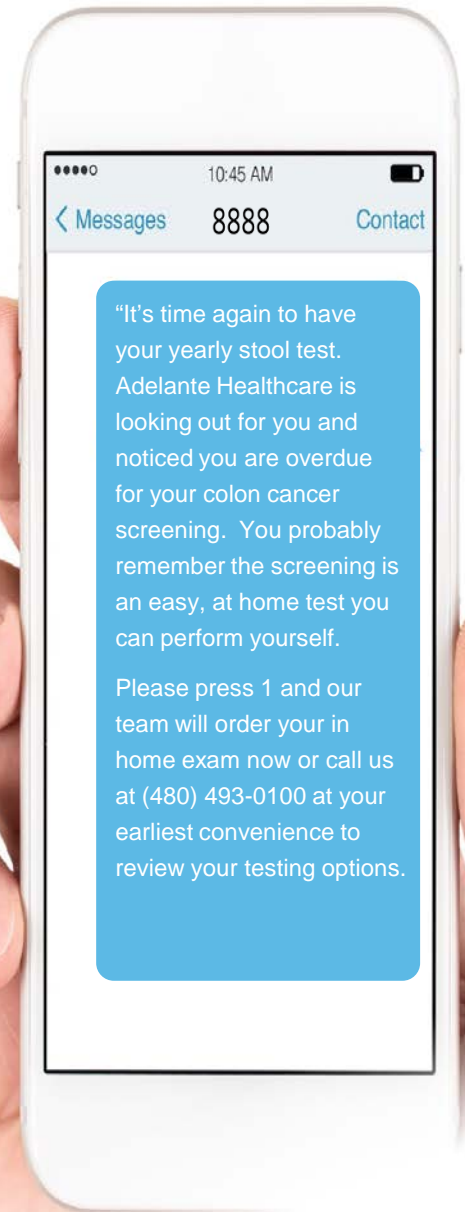
- Never been tested have been seen in the last 12 months
- Never been tested have not been seen in the last 12 months
- FIT or FOBT ordered but delinquent and have been seen in the last 12 months
- FIT or FOBT ordered but delinquent and have been seen in the last 12 months
- Order but not resulted

COLORECTAL CANCER SCREENING OUTREACH



“It’s really a high tech, low touch option that is not intended to replace the human element rather it helps us scale and drive human interaction”

Lisa Blue MHI, RN
Senior Director of Population Health
Adelante Healthcare



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 the Care1st website: www.care1staz.com Providers > Dental
 - ONECare guidelines can be found at www.care1staz.com/az/healthplans/onecare > Providers > Dental

DENTAL

ADVANTICA PORTAL



Admin > Logout



Members	Providers	Benefit Managers	Brokers & Consultants	Health P
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- View Remit
- Check Claim Status
- View Plan/Benefit Information
- Online Claim Submission
- View Online Claims
- Online Prior Authorization
- Prior Authorization PDF
- View Prior Authorizations
- Care 1st Incentive Report
- Reference Manuals
- My Profile**

Provider Main

- [View Remit](#)
- [Check Claim Status](#)
- [View Plan/Benefit Information](#)
- [Online Claim Submission](#)
- [View Online Claims](#)
- [Online Prior Authorization](#)
- [Prior Authorization PDF](#)
- [View Prior Authorizations](#)
- [Care 1st Incentive Report](#)
- [Reference Manuals](#)

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:
<https://www.advanticabenefits.com/PDFs/AdvanticaBenefits/DocManagement/RedCard EFT and ERA Enrollment Portalfo9 67780 27 03 2017.pdf>

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 [https://www.advanticabenefits.com/PDFs/AdvanticaBenefits/DocManagement/RedCard EFT and ERA Enrollment Portalfo9 67780 27 03 2017.pdf](https://www.advanticabenefits.com/PDFs/AdvanticaBenefits/DocManagement/RedCard%20EFT%20and%20ERA%20Enrollment%20Portal%209%2067780%2027%2003%202017.pdf)
 - You will receive paper remits for 3 pay periods after you enroll for ERA. After that time, you will only receive electronic remits.

Electronic Attachment Transmittals

- Submit attachment using NEA-Fast
 - Note: NEA is now NEA powered by Vine
- **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

DENTAL

TOP 5 CLAIM DENIALS, JULY 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. Service(s) not covered when rendered by out of network practitioner
4. This procedure is not a benefit for members age 21 and over.
5. No prior authorization on file for this procedure.

DENTAL

CLAIM TIPS

- Guidelines & documentation requirements are available at:
 - Advantica Website - www.advanticabenefits.com
Providers > Provider Login > Log on > Reference Manuals
 - Care1st Website – www.care1staz.com
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 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 ADULT AHCCCS ACUTE EMERGENCY BENEFITS

- Effective Date – October 1, 2017
- Acute members are covered over the age of 21 for emergency dental services up to \$1,000 per contract year (i.e. October 1-September 30)
 - Services such as repair of fractures to the facial structures are not subject to the \$1,000 per contract year.
 - Services that fall in the exception for transplant cases are not subject to the \$1000 per contract year.
 - Prescription drugs are not included in the \$1,000 per contract year.
- A dental emergency is defined as an acute disorder of oral health resulting in severe pain and/or infection as a result of pathology or trauma
- Covered Services
 - Emergency oral diagnostic examinations – limited problem focused
 - Radiographs limited to symptomatic teeth
 - Composite resin fillings due to recent tooth fracture for anterior teeth

DENTAL

NEW ADULT AHCCCS ACUTE EMERGENCY BENEFITS EFFECTIVE 10/1/17 CONTINUED

- Covered Services – continued
 - Prefabricated crowns to eliminate pain due to recent tooth fracture only
 - Re-cementation of crowns, inlays, onlays, and bridges
 - Pulp cap
 - Root canals and pulpotomies when indicated for the treatment of acute infection or to eliminate pain with a favorable diagnosis
 - Immediate an palliative procedures including extraction for the relief of pain
 - Tooth re-implantation of accidentally avulsed anterior teeth
 - Preoperative procedures and anesthesia – must meet GA requirements. Anesthesia services are inclusive of the \$1,000 benefit
 - Cast crowns limited to endodontically treated teeth

DENTAL

NEW ADULT AHCCCS ACUTE EMERGENCY BENEFITS EFFECTIVE 10/1/17 CONTINUED

- Not covered with this benefit
 - Fixed bridgework
 - Dentures
 - Diagnosis and treatment of TMD or TMJ
- Prior authorization is not required but can optionally be requested by the treating dentist.
- All emergency dental services are subject to retrospective review by Advantica to determine if they satisfy the criteria for a dental emergency.
- Handling of services that exceed the \$1,000 benefit limit:
 - The provider must supply the member a document describing the services and the cost of those services. Prior to delivery of services the patient must sign and date a document indicating responsibility for the cost beyond the \$1,000 limitation.

DENTAL

ADULT AHCCCS DDD BENEFIT

- 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 per contract year, 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
 - GA, OCS, and hospital cases are the only services that require prior authorization for DDD members 21 and older.
 - General Anesthesia (GA) covered and count towards benefit limit.
 - This includes dentists or physicians performing GA
- DDD members 21 years and older will have both \$1,000 Emergency Dental Benefit and \$1,000 Dental Benefit referenced above

DENTAL

ELIMINATION OF ONECARE (MEDICARE)

DENTURE BENEFIT

- Effective January 1, 2018 ONECare member denture benefit will be eliminated as a supplemental benefit
 - ONECare members will still have their annual \$1,250 benefit
 - No prior authorization required for ONECare
 - See ONECare Clinical & Billing Guideline for additional information www.care1staz.com > 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. Prior auth requests for general anesthesia should include name of anesthesiologist or anesthesia group and estimated treatment time.
4. Prior auth request for general anesthesia also should include detailed narrative as to why anesthesia is requested and chart notes that include previous experience with failed 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. D4355 is not covered when perio charting is completed.
7. Prior auth appeals require an Appointment of Representation (AOR), if submitted by provider.
8. Prior auth appeals are to be submitted and handled by our Care1st Claims Disputes & Appeals Team.
9. Guidelines & documentation requirements are available at:
 - Advantica Website - www.advanticabenefits.com Providers > Provider Login > Log on > Reference Manuals
 - Care1st Website – www.care1staz.com Providers > Dental

DENTAL

OTHER TIPS

1. D9230 not covered with D9248
2. D9230 Prior auth is not required for patients under age 11.
3. D9420 not covered on same day as hospital or ACS procedure, service/treatment
4. D0210 and D0330 cannot be billed in conjunction and only 1 allowed every 36 months
5. Porcelain crowns and crown build-ups covered only if tooth was endo treated
6. Permanent crowns not covered for patients under 18 years of age
7. Space maintainers for 1st primary molars not covered after 6 year molars have erupted into occlusion
8. FQHC Tips
 - Please add “FQHC” in the remarks section of the ADA form and bill with appropriate fees

Advantica Customer Service: 800-429-0495

CASE MANAGEMENT PROGRAM

- Case Management is a collaborative process which involves assessing, planning, implementing, coordinating, monitoring, and evaluating the options and services required to meet an individual's health needs. Coordination of services and available resources are used to promote quality, cost-effective outcomes.
- The goal of the program is to decrease fragmentation of healthcare service delivery, to facilitate appropriate utilization of available resources, and to optimize member outcomes through education, care coordination and advocacy services for the most vulnerable members we serve.
- This is an integrated program covering the full range of physical health, behavioral health, social and community based supports of a member in a coordinated and member-centered manner.
- We put our members' needs and preferences at the center and provide appropriate clinical programs to ensure care is individually tailored and delivered to each member across the continuum of care.
- The Case Management program includes care coordination, behavioral health and medical case management

CASE MANAGEMENT PROGRAM

CASE STUDY

Member Issue/Situation:

52 year old male that was hospitalized with spinal abscess that left him paralyzed from the waist down. He required assistance with his ADLs. He lived with his elderly mother who was limited on what she could assist him with. Not established with a PCP.

Case Management Intervention:

- Established with PCP
- Coordinated services – DME and Therapy Services
- Referred to Area Agency on Aging for their Community Social Services Program
- ALTCS Application completed

Outcome:

- Needed DME obtained including wheelchair, wheelchair cushion, pressure relieving mattress, and shower chair.
- Received Physical Therapy services
- ALTCS approved within 2 months of submission of application

CASE MANAGEMENT PROGRAM

Case Management Referral Considerations:

- Behavioral health/drug/alcohol issues
- Catastrophic or Traumatic injuries
- High risk pregnancies
- Over utilization of the emergency department
- Risk for Admission or Readmission
- Transplants
- Caregiver support and other social service issues
- Disease and chronic condition management
- Members with special health care needs
- Overuse of controlled substances
- Treatment adherence/access to care barriers
- Wounds

How to refer to the Case Management Program:

- Call (602)778-8301
- Complete and fax the Case Management Referral Form to (602) 224-4372. The Case Management Referral Form is available on our website at:
<https://az.care1st.com/az/providers/frequentlyusedforms.asp>

AMMR UPDATE

- Results are not 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

FLU SEASON IS FAST APPROACHING!

- CMS recommends inactivated influenza vaccine (IIV) for the prevention of influenza in both children and adults.
- CMS does NOT recommend the live attenuated influenza vaccine (LAIV)
- See the CDC website for more information:
www.cdc.gov/flu/about/season/flu-season-2017-2018.htm

FLU VACCINES – CARE1ST

- Care1st members may obtain flu vaccines as follows:

Member Age	Location
6 months – 18 years of age	PCP only
19 years of age and older	PCP or contracted pharmacy (Script <u>IS NOT</u> required)

- Children under the age of 19 years must receive the influenza vaccine through the Vaccines for Children (VFC) program.

FLU VACCINES – ONECARE

- ONECare members may obtain flu vaccines as follows:

Member Age	Location
All ages	PCP or contracted pharmacy (Script <u>IS NOT</u> required)

- To locate a contracted pharmacy, visit our website:
<https://azonline.care1st.com/az/care1stpharmacies>

OPIOIDS AND CHRONIC PAIN

Use of opioids to treat chronic pain and opioid related deaths are on the rise.

- Consider all forms of non-opioid treatment to manage pain
- Review the CSPMP prior to prescribing
- Assess for substance abuse, behavioral health issues, and risk of opioid misuse
- Prescribe at the lowest possible dose
- Monitor urine drug screens randomly throughout treatment

OPIOIDS AND CHRONIC PAIN

- Care1st Pharmacy Team can help with the latest guidelines:
 - 602-778-1800 or 866-560-4042 (options 5, 5)
- Other resources include:
 - www.acoem.org/OpioidAbuseUpdate.aspx
 - www.cdc.gov/drugoverdose/prescribing/guidelines
 - <http://azdhs.gov/clinicians/clinical-guidelines-recommendations/index.php?pg=prescribing>
 - www.rethinkrxabuse.org

MARKETING

- Care1st Health Plan develops and nurtures working relationships with government agencies, school districts, faith based groups, non-profit organizations, universities and community stake holders to improve the health and quality of life for at risk and underserved populations.
- Our strategic partnerships allow us to gain insight into the needs of our members beyond their physical health and helps us make better personal connections with a mutual goal focused on improving health outcomes.
- We understand that improving health extends beyond health care, into all of the places where we live, work, learn and play. A healthy community is one where people have the opportunity to make healthy choices, in environments that are safe, free from violence, and designed to promote health.

<http://www.livewellaz.org/>



COMMUNITY PARTNER HIGHLIGHT



- Since 2011, Care1st Health Plan Arizona has partnered with “Gregory’s Fresh Market,” to provide vulnerable senior populations in Arizona a mobile farmer’s market with fresh fruits and vegetables. In addition, GFM offers nutrition education and cooking demonstrations to introduce healthy alternatives in their diet to combat the many ailments seniors face today.
- Due to the success of the program, Care1st Health Plan Arizona has helped “Gregory Fresh Market” reach more than 6,000 seniors at over 30 senior housing facilities and senior centers. Care1st Health Plan Arizona and “Gregory Fresh Market,” continue to be passionate about promoting a better quality of life for Arizona’s seniors.
- In March 2017 “Veggies for Veterans” pilot was created to serve low income & homeless veterans in the greater Phoenix area located primarily in food desert areas. Veterans will receive nutrition education, community resources and application assistance together with fresh produce for better health and wellness. The program was developed to enable veterans to make lifestyle and behavioral changes.
- So far “Veggies for Veterans” has successfully served 800 low income & homeless veterans at Victory Place and Phoenix VA Hospital.

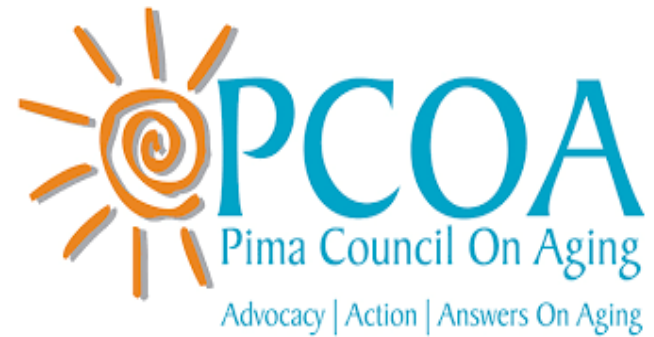
CARE1ST AVONDALE RESOURCE & HOUSING CENTER



- The Care1st Avondale Resource & Housing Center is a one stop hub for human services made possible by an innovative public-private partnership between Care1st Health Plan Arizona, City of Avondale, and First Things First.
- 54 Community Based Organizations
- 4,000+ People served per month
- 450,000+ People served since operations began in 2009



PIMA COUNTY PARTNERS



MEDICAL CLAIMS

Claims Resources and Updates

- Available resource material (Encounter Keys, Claims Clues, Biller's Corner)
 - 90867 – 90869 covered with AHCCCS effective 07/13/17
 - Updates to codes added to provider type IC (Integrated Clinics)
 - Additions to place of service 11 – 11971 (effective 1/1/16), 25000 (effective 1/1/16) and 30520 (effective 10/1/16)
 - Additions to place of service 53 – 58301 (effective 1/1/16), 90686 (effective 1/1/16) and 90715 (effective 1/1/16)
 - July-August encounter keys
<https://www.azahcccs.gov/PlansProviders/Downloads/Encounters/Newsletter/2017JulyAugust.pdf>
- Community driven mailer topics
- Forum Breakout session

MEDICAL CLAIMS

Coverage Changes/Reminders

- Coverage of breathing treatments for pediatric patients
 - 94640, J7620 and J7613 are now exempt from LCD denials
- Expanded coverage for Occupational Therapy
 - Modifier GP for physical therapy
 - Modifier GO for occupational therapy – All ages effective 10/01/17
- Modifier 59 (XE, XU, XS) reminders
 - Records required for following code ranges – 36600, 43210-43239, 45380-45398, 45900-45999, 46600-46615, 49560-49568, 51600-51720, 51725-51798, 52000-52318, 58100-58120, 62310-64640, 69100-69999, 94640 billed with 94060 on same date, and 96372 with pain management.
- AHCCCS Member ID
 - To avoid delays verify the correct Care1st ID is indicated
 - For members covered by both ONECare and Care1st, use the ONECare ID

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
- Denial trend reports (JOC, high volume, by request)
- Customer service and audit trending
- Billing and Utilization Workgroups

Medical Claims

Top 5 Claim Denials last month

1. Exact Duplicate – 5,121
2. Primary Insurance on file – 3,841
3. Provider not contracted – 2,453
4. Patient not eligible on date of service – 1,925
5. Exceeds Timely Filing Limit – 1,311

Q & A

