



# CARE1ST PROVIDER FORUM



1

May 2018

# AGENDA

1. RAFFLE!!
2. Plan Updates
3. AHCCCS Updates
4. Autism Spectrum Disorder (ASD) Referrals
5. Adverse Childhood Experiences (ACEs)
6. Pharmacy and Medical Prior Authorization
7. Quality Improvement Update
8. Maternity and Family Planning Updates
9. Pacify Program
10. High Risk OB Care Management
11. Dental Resources, Updates and Claims
12. Dental Prior Authorizations and Tips
13. Medical Claims
14. FINAL RAFFLE!!

# CARE1ST UPDATES

## Contact 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](mailto:pnoaz@care1st.com)
  - New email address: [sm\\_az\\_pno@care1staz.com](mailto:sm_az_pno@care1staz.com)
- Website Address
  - Old website address: [www.care1st.com/az](http://www.care1st.com/az)
  - New website address: [www.care1staz.com](http://www.care1staz.com)
- Emails and the website link are no longer being forwarded
  - Please update your existing contacts and internet explorer link

# CARE1ST UPDATES

## Contact Updates Continued

### Phone System Updates

- What is **NOT** Changing:
  - Our phone numbers remain the same
  - All prompts and options remain the same
- What is Changing
  - The auto attendant voice that you hear when calling Care1st and ONECare will be different
  - Our ability to monitor service levels will improve

# CARE1ST UPDATES

## NETWORK UPDATES

- Pharmacy Network Update
  - Effective January 1, 2018
  - CVS Caremark is the pharmacy benefit manager
  - To locate Care1st retail pharmacy network visit our provider webpage at [www.care1staz.com](http://www.care1staz.com) > Our Network > Retail Pharmacy Search > Pharmacy Locator
- Blood Glucose Meter and Test Strip Update
  - Effective January 1, 2018
  - Care1st selected OneTouch products to be the exclusive glucose meters and test strips
  - Members should be directed to OneTouch at 1.800.789.7022 and provided the order code 738WEL001

# CARE1ST UPDATES

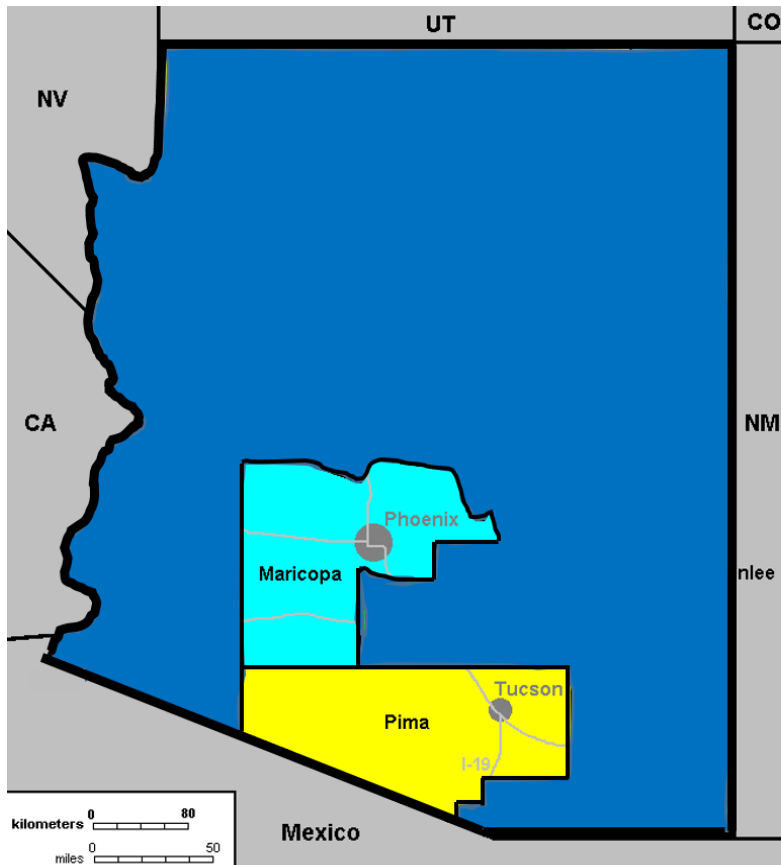
## OTHER UPDATES

- Infusion Services
  - Preferred Homecare Infusion is now Coram CVS/Specialty Infusion Services effective March 1, 2018
  - The location and contact information is the same and only the name is changing
- AHCCCS Complete Care (ACC) Contract
  - Bid results were announced March 5, 2018
  - Geographical Service Areas (GSA) split into 3 regions, North, Central and South
  - Results will become effective October 1, 2018

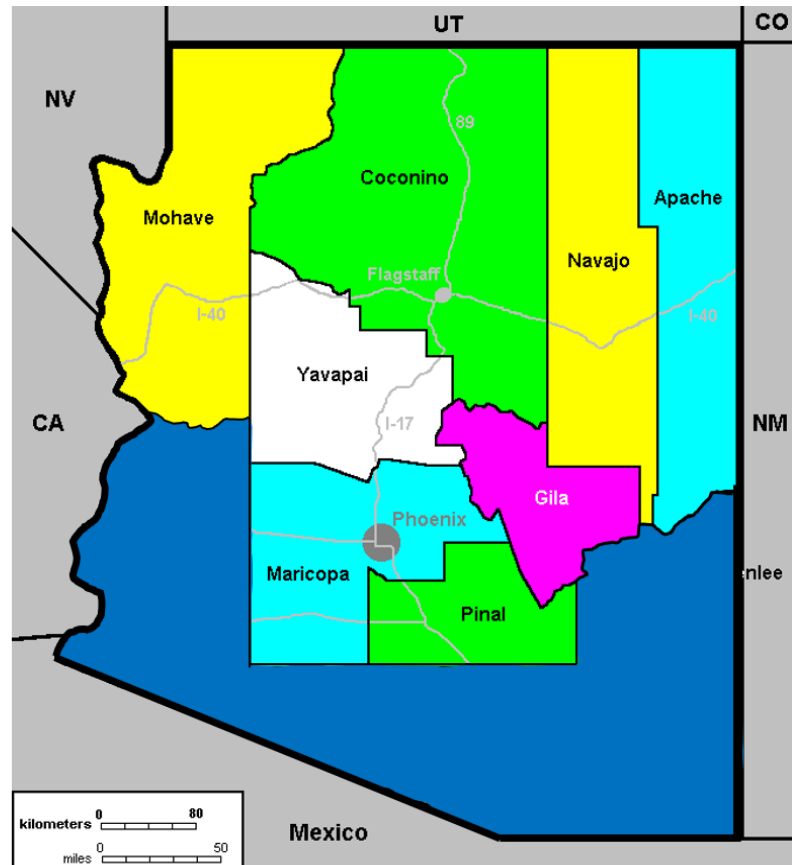
# CARE1ST UPDATES

## ACC UPDATE

### Current Geographical Service Areas



### Geographical Service Areas effective 10/1/18



# AHCCCS UPDATES

## ACC UPDATE

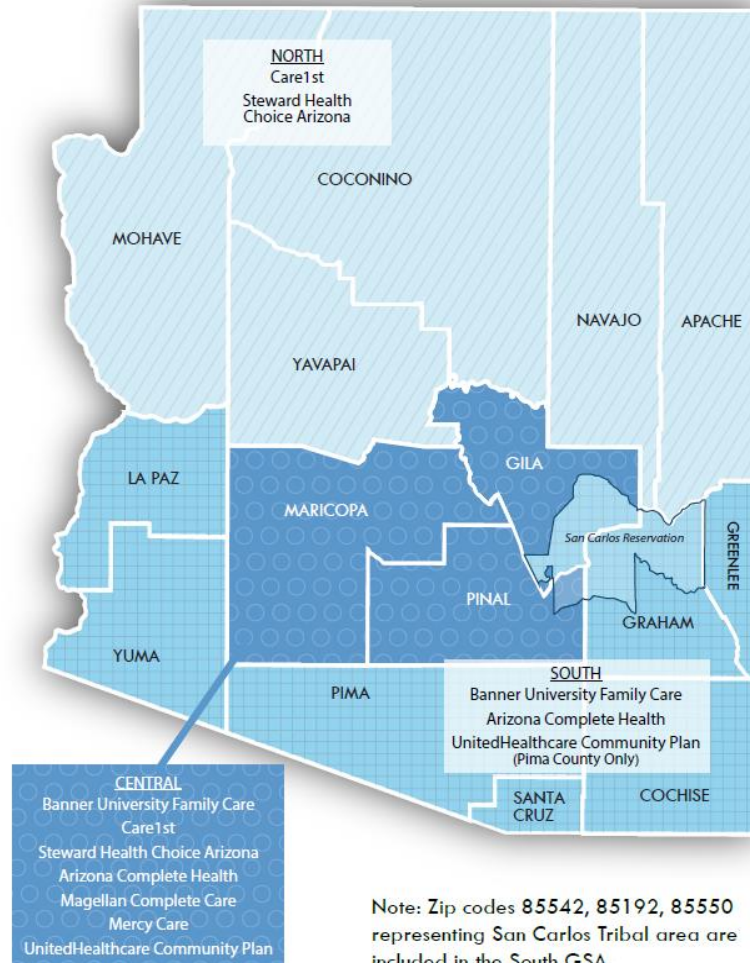
- **Central GSA (Maricopa, Pinal, Gila)**
  - Banner-University Family Care Plan
  - Care1st Health Plan
  - Health Choice Arizona (Steward Health Choice)
  - Health Net Access
  - Magellan Complete Care of Arizona
  - Mercy Care
  - UnitedHealthcare Community Plan
- **South GSA (Pima, Cochise, Graham, Greenlee, La Paz, Santa Cruz, Yuma)**
  - Banner-University Family Care Plan
  - Health Net Access
  - UnitedHealthcare Community Plan (Pima Only)
- **North GSA (Mohave, Coconino, Apache, Navajo, Yavapai)**
  - Care1st Health Plan
  - Health Choice Arizona (Steward Health Choice)



# AHCCCS UPDATES

## ACC UPDATE

AHCCCS Complete Care (ACC) Services Map  
Effective October 1, 2018



Note: Zip codes 85542, 85192, 85550 representing San Carlos Tribal area are included in the South GSA.

# AHCCCS UPDATES

## ACC UPDATE

- What's **NOT** Changing
  - Availability of multiple health plans in each GSA
  - Covered Services will remain the same
  - Regional Behavioral Health Authorities (RHBA) will continue to cover crisis services
  - RHBAs will continue to cover Serious Mental Illness (SMI) and children in foster care enrolled in Comprehensive Medical and Dental Program (CMDP)
  - Arizona Long Term Care System (ALTCS) plans will remain the same

# AHCCCS UPDATES

## ACC UPDATE

Changes coming October 1, 2018

- General Mental Health and Substance Use Disorder
  - Members will transition to ACC health plan
    - Excludes SMI, ALTCS, CMDP
- Autism Spectrum Disorder (ASD)
  - Services covered by ACC health plan
- Child Rehabilitative Services (CRS)
  - Members will have the option of an ACC health plan

# AHCCCS UPDATES

## ACC UPDATE

### Timeline

- March 5, 2018
  - ACC Contracts Awarded
- Spring 2018
  - AHCCCS holding public forums
  - Schedule can be viewed on AHCCCS' website  
<https://www.azahcccs.gov/AHCCCS/Initiatives/AHCCCSCompleteCare/CommunityResources/>
- June 2018
  - AHCCCS sends letters to members with assigned plan information and choices
- July 31, 2018
  - AHCCCS members select health plan
- October 1, 2018
  - Services begin under the integrated ACC Health Plans

# AHCCCS UPDATES

## OTHER UPDATES

### Appointment Availability Standards

- Primary Care Providers
  - Urgent care appointments as expeditiously as the member's health condition requires but no later than 2 business days from the request
  - Routine Care appointments within 21 calendar days
- Specialty/Dental Providers
  - Urgent care appointments as expeditiously as the member's health condition requires but no later than 3 business days from the request
  - Routine Care appointments within 45 calendar days

# AHCCCS UPDATES

## OTHER UPDATES

### Appointment Availability Continued

- Maternity Care Providers
  - First Trimester within 14 calendar days
  - Second Trimester within 7 calendar days
  - Third Trimester within 3 business days
  - High Risk as expeditiously as the member's health condition requires and no later than 3 business days of identification of high risk by the contractor or maternity care provider or immediately if an emergency exists

# AHCCCS UPDATES

## OTHER UPDATES

### Appointment Availability Continued

#### ○ Behavioral Health Providers

- Urgent needs as expeditiously as health condition requires but no later than 24 hours
- Routine care appointments
  - Initial assessment within 7 calendar days
  - First BH service following initial assessment no later than 23 calendar days
  - All subsequent BH services no later than 45 calendar days

#### ○ Psychotropic Medications

- Assess the urgency of the need immediately
- Provide an appointment within the timeframe that ensures the member
  - Does not run out of needed medications
  - Does not decline in BH condition but no later than 30 calendar days

# AHCCCS UPDATES

## VALUE BASED PURCHASING (VBP) ACTIVITY

## DIFFERENTIAL ADJUSTED PAYMENT (DAP) 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
- Qualifying integrated clinics must have 40% of total claims be for BH services
- A VBP rate of 10% will be applied for CYE 2018 and CYE 2019
- Services include E&M codes, vaccine administration codes, and a global OB code (see attached for specific codes)



# AHCCCS UPDATES

## VBP/DAP ACTIVITY CONTINUED

### ○ E-prescribing

- Physicians, Physician Assistants and Nurse Practitioners
- Provider Types 08, 31, 18 and 19
- CYE 2018 – Must write a minimum 100 prescriptions for AHCCCS members and at least 50% of AHCCCS prescriptions are E-prescriptions
- CYE 2019 – must write a minimum 80 prescriptions for AHCCCS members and at least 60% of AHCCCS prescriptions are E-prescriptions
- Only approved and adjudicated encounters for July 1 through December 31 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

# AHCCCS UPDATES

## VBP/DAP ACTIVITY CONTINUED

### ○ Behavioral Health Providers

- Must be registered with AHCCCS and designated with a Provider Type IC or 77.
- Contract with ACC contracts as of June 1, 2018
  - North and South GSAs
    - Must be contracted with 100% of ACC contractors
  - Central GSA
    - Must be contracted with 5 of 7 ACC contractors
- A VBP rate of 1% will be applied for CYE 2019

# AUTISM SPECTRUM DISORDER (ASD)

19

**Facilitating a Referral for  
Assessment and/or Diagnosis**

# LOCATING A SPECIALTY PROVIDER FOR ASD SERVICES



## 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.

[Care1st Home](#)

### For Providers

- [Blast Faxes](#)
- [Compliance Resources](#)
- [Community Resources](#)
- [Dental](#)
- [Disease Management](#)
- [E-Prescribing](#)
- [Filing a Claim](#)
- [Forms](#)
- [Formulary](#)
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- [ICD-10](#)
- [Login](#)
- [Mailings & Reference Materials](#)
- [Manual](#)
- [Our Network](#)
- [Practice & Preventive Health Guic](#)
- [Prior Authorization Guidelines &](#)

# LOCATING A SPECIALTY PROVIDER FOR ASD SERVICES

[Home](#) / [Members](#) / [Providers](#) / [Our Network](#)

## Our Network

Care1st contracts with many quality health care professionals. Our network is made up of physicians, hospitals, miscellaneous other healthcare providers and more than 500 local pharmacies.

**Provider Search**

**Ancillary Provider Search**

**Radiology Providers**

**Retail Pharmacy Search**

**Care1st Practitioner Directory (PDF)**

# LOCATING A SPECIALTY PROVIDER FOR ASD SERVICES

## Find a Provider

[Click here to Search by Name](#) [Click here to Search by Type/Specialty/Location](#)

Search by Name

Search by Type/Specialty/Location

Last Name:

Last Name

First Name:

First Name

## Find a Provider

[Click here to Search by Name](#)

Search by Type/Specialty/Location

Select Type:

SPECIALIST



Select Language:

ENGLISH

Select Specialty:

BEHAVIORAL HEALTH



Enter Zip Code:

Zip code

Select F

5 Mile

Search

Reset

Please enter Zip Code.

# REFERRAL PROCESS FROM PCP TO SPECIALIST



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Select Language

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## SECTION VII - [BEHAVIORAL HEALTH SERVICES](#)

- ▶ Overview
- ▶ Psychotropic Medication Prescribing, Adjustment & Monitoring
- ▶ Behavioral Health Crisis Services
- ▶ Behavioral Health Referrals
- ▶ Telephonic Consultation Services through Magellan
- ▶ Face-to-Face Consultation Services through Magellan
- ▶ Coordination of Care
- ▶ Transfer of Care
- ▶ Provider Information

## SECTION VIII - [CLAIM DISPUTES AND APPEALS](#)

- ▶ Claim Disputes & Appeals Process
- ▶ Member Appeals

## SECTION IX - [MEDICAL OPERATIONS](#)

- ▶ Overview
- ▶ [Prior Authorization and Referral Process](#)
- ▶ Case Management
- ▶ Disease Management
- ▶ Pharmacy Management
- ▶ Concurrent Review
- ▶ Retrospective Review

## SECTION X - [QUALITY IMPROVEMENT](#)

# REFERRAL PROCESS FROM PCP TO SPECIALIST

1. Select a contracted specialist.
2. Refer to the PA Guidelines to determine if an authorization is required.
3. If PA is NOT required, the PCP may contact the contracted specialist and schedule an appointment.
4. If PA is required, complete the TAR. *Refer to the Provider Manual for specific documentation requirements!*
5. Fax the completed TAR and supporting documentation to the PA Department.



# LOCATING A BH PROVIDER



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[Care1st Home](#)

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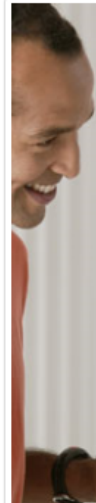
[Care1st Practitioner Directory \(PDF\)](#)

# LOCATING A BH PROVIDER

## Care1st Ancillary Providers

Click on the specia

- [ACUTE REHAB](#)
- [AMBULATORY SURGI-CENTERS](#)
- [BEHAVIORAL HEALTH HOSPITAL](#)
- [BEHAVIORAL HEALTH OUTPATIENT CLINIC](#)
- [BEHAVIORAL HEALTH RESIDENTIAL FACILITY](#)
- [BEHAVIORAL HEALTH SUBACUTE FACILITY](#)
- [BIRTHING CENTER](#)
- [DIALYSIS CENTER](#)
- [DIETITIAN](#)



### BEHAVIORAL HEALTH OUTPATIENT CLINIC

Provider Name	Address	County	Phone Number	Fax Number
COMMUNITY BRIDGES INC	470 S OCOTILLO AVE, BENSON, AZ 85602	COCHISE	520-586-6171	520-58
VALLE DEL SOL-MCDOWELL	10320 W MCDOWELL RD #G7054, AVONDALE, AZ 85392	MARICOPA	602-259-6797	623-47
COMMUNITY BRIDGES INC	824 N 99TH AVE #109, AVONDALE, AZ 85323	MARICOPA	623-907-1457	623-77
BAYLESS HEALTHCARE GROUP-INTEGRATED CLINIC	2204 S DOBSON RD #102, MESA, AZ 85202	MARICOPA	602-230-7373	480-62
COMMUNITY BRIDGES INC	560 S BELLVIEW, MESA, AZ 85204	MARICOPA	480-962-7711	928-94
LIFEWELL CENTER UNIVERSITY	262 E UNIVERSITY DR, MESA, AZ 85201	MARICOPA	602-908-2800	602-59
BAYLESS HEALTHCARE GROUP	2204 S DOBSON RD #201, MESA, AZ 85202	MARICOPA	602-230-7373	480-62
COMMUNITY BRIDGES INC	554 S BELLVIEW, MESA, AZ 85204	MARICOPA	480-649-1141	480-64
COMMUNITY MEDICAL SERVICES-ARBOR	6116 E ARBOR AVE BLDG 1 STE 104, MESA, AZ 85206	MARICOPA	480-499-4599	480-65
FAMILY SERVICE AGENCY	943 S GILBERT RD #204, MESA, AZ 85204	MARICOPA	480-507-8610	480-50

# REFERRAL PROCESS FROM PCP TO RBHA



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Select Language

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## SECTION X - [QUALITY IMPROVEMENT](#)

# REFERRAL PROCESS FROM PCP TO RBHA

## AHCCCS Child (Under 18) / AHCCCS Adult (No Medicare) / All DDD Members:

Children and adults who are diagnosed with ASD can get behavioral health services. These services can help improve their health and wellness. Providers use evidence-based practices and include services such as: Family Centered Programming, Applied Behavior Analysis (ABA) Treatment, and can address complex behaviors.

Maricopa County (*Central GSA*):

### **Mercy Maricopa Integrated Care (MMIC)**

- Member Services: 800.564.5465 or 711 (TTY)
- BH Referral Fax: 844.424.3975

Pima, Santa Cruz, La Paz, Yuma, Pinal, Graham, Greenlee and Cochise Counties (*South GSA*):

### **Cenpatico Integrated Care (CIC)**

- Member Services: 866.495.6738 or 877.613.2076 (TTY)
- BH Referral Fax: 800.398.6182

Mohave, Coconino, Yavapai, Gila, Navajo and Apache Counties (*North GSA*):

### **Health Choice Integrated Care**

- Member Services: 800.640.2123 or 800.842.4681 (TTY)
- BH Referral Fax: 855.408.3401

# REFERRAL PROCESS FROM PCP TO FACILITY/RBHA

## AHCCCS Child (Under 18) / AHCCCS Adult (No Medicare) / All DDD Members:

### *Member Self-Referral:*

- Members may call the RBHA directly and speak to a Customer Service Representative for referral to a behavioral health provider.
- Members may call the BH provider directly to schedule an intake. When a member call's the BH provider for services, they have 7 days to schedule an intake appointment.
- Members may also contact the Care1st Behavioral Health Coordinator to answer any questions or to request assistance with the referral process.

### *PCP/Provider Referral:*

- Providers may give members the appropriate RBHA phone number listed above, fax a Referral for Behavioral Health Services Form to the RBHA or contact our Care1st Behavioral Health Coordinator to request behavioral health referral assistance.
- If the member is under 21 years of age, the PCP may indicate a behavioral health referral on the member's EPSDT form and return the form to Care1st.
- Behavioral Health Services Referral Forms are available on our website under the Forms section of the Provider menu.
- Providers may also contact the Care1st Behavioral Health Coordinator for a copy of any form available on the website.

# CENTERS OF EXCELLENCE

- Treat the whole person
- Focus on the physical and behavioral health of children and adults with autism
- Focus on those who are at risk of ASD
- Maricopa County:
  - Southwest Behavioral & Health Services
  - Touchstone Health Services

## CARE1ST BEHAVIORAL HEALTH DEPARTMENT

- Behavioral Health Coordinator 602.778.1800 x1826
- Behavioral Health Coordinator 602.778.1800 x 4145
- Behavioral Health Manager 602.778.1800 x1834

***We're here to help!***



# **ADVERSE CHILDHOOD EXPERIENCES (ACEs)**



**Susan-Marie Arias, RN  
Virginia Cons, LCSW**

# WHAT ARE ACEs?

- Refers to a range of events that a child can experience, which leads to stress and can result in trauma and chronic stress responses.
- Found a link between childhood trauma and the chronic diseases people develop as adults, as well as social and emotional problems. Such as: heart disease, diabetes, depression, violence, suicide, etc.

# TYPES OF CHILDHOOD TRAUMA IN ACE STUDY

## ○ 5 are personal:

- Physical abuse
- Verbal abuse
- Sexual abuse
- Physical neglect
- Emotional neglect

## ○ 5 are related to other family members

- A parent who's an alcoholic
- A mother who's a victim of domestic violence,
- A family member in jail,
- A family member diagnosed with a mental illness
- The disappearance of a parent through divorce, death or abandonment.

# PREVALENCE

- 47.9% of US Children ages 0-17 have had at least 1 of the 9 key adverse childhood experiences; 22.6% have had 2 or more.\*
- Arizona ranks last at 30.6%; National average was 22.6\*\*

*\*2011-12 National Survey of Children's Health (NSCH)*

*\*\*2018 America's Health Rankings Annual Report*

# HOW CAN YOU HELP?

- Take a more proactive role in educating patients/families
- Advocating for connection to behavioral health support



# PRIOR AUTHORIZATION

## Pharmacy and Medical

# PHARMACY UPDATES

## Turn Around Time (TAT) Changes!

### ○ Old TAT for STANDARD Requests

- 14 business days with the ability to extend for 14 additional days if information is needed. Total of 28 days

### ○ Old TAT for EXPEDITED Requests

- 3 business days with the ability to extend for 14 additional days if information is needed. Total of 17 days

### ○ NEW TAT

- 24 hours regardless of Expedited or Standard designation
- Expedited requests can be held for 72 hours to obtain information
- Standard requests can be held for 7 days to obtain information
- Request for information must be made within 24 hours of receipt

# HOW CAN YOU HELP US BE MORE EFFICIENT? (HOW TO SPEED UP RESPONSES)

- Fill out Prior Authorization form completely (If possible, try not to use third party programs such as Cover my Meds. The information is almost always incomplete)
- Always include documentation that justifies the request

\*\*\*Good rule to follow: If you needed a diagnostic test or labs in order to make a decision on the requested treatment, please include it in your request.



# IS IT STAT?

AHCCCS defines an URGENT request as follows:

“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”.

- By marking a request Urgent when it does not meet the above definition, we may have less time to obtain any information required on your request

# OPIOID REMINDER REQUIREMENTS FOR PA

- Chart notes including a Pain Assessment
- Pain Contract signed by both member and provider
- Drug Screen (Urine or Blood) from within the previous 90 days AND confirmation that Drug Screen is completed at least twice a year (Must include RX and Illicit drugs)
- If member is on a Benzodiazepine, a plan to wean off or medical justification for continuation

## NOTES:

- An initial fill of an Immediate Release Narcotic can be no more than 5 day supply
- All Extended Release Narcotics require prior authorization

# NEW PREFERRED DIABETIC MANUFACTURER IS ONETOUCH!



OneTouch Verio Flex® meter

OneTouch Verio® meter

OneTouch Verio IQ® meter

OneTouch UltraMini® meter

OneTouch Ultra®2 meter

## OneTouch Verio Flex® meter

Takes the guesswork out of your numbers

- ColorSure® technology shows if results are in or out of range
- Bluetooth® enabled

## OneTouch Verio® meter

Provides helpful information, without any extra work

- ColorSure® technology shows if results are in or out of range
- Automatic messages with every result

## OneTouch Verio IQ® meter

Helps you understand how insulin, meal intake, and lifestyle affect your blood glucose

- On-screen messages with ColorSure® technology notify patients of repeated highs and lows

## OneTouch UltraMini® meter

- Offers basic blood sugar results

## OneTouch Ultra®2 meter

- Offers basic blood sugar results with meal flagging

- **Quantity Limits Reminder:** (PA for over limit can be approved)
  - Members > 21 years: 100 Strips/Syringes per 30 days
  - Members < 21 years: 200 Strips/Syringes per 30 days
  - 200 Lancets per 30 days
  - 1 Meter per 365 days

# QUALITY IMPROVEMENT UPDATE

## Member Satisfaction Survey Results

# CONSUMER ASSESSMENT OF HEALTHCARE PROVIDERS AND SYSTEMS (CAHPS) SURVEY

## Medicaid (AHCCCS) Results

- Surveys of Adult and Child populations conducted by AHCCCS in 2016 with results released 2017
- Corrective Action Plan required for ratings shown in red below

Measure	CYE 2013 Rating	CYE 2016 Rating	Change
<b>Children</b>			
Rating of Health Plan	***	****	↑
Rating of All Health Care	*****	*****	—
Rating of Personal Doctor	****	****	—
Rating of Specialist Seen Most Often	*****	*****	—
Getting Needed Care	***	****	↑
Getting Care Quickly	*	**	↑
How Well Doctors Communicate	*	**	↑
Customer Service	****	*****	↑
Coordination of Care	NR	*	NA

# CONSUMER ASSESSMENT OF HEALTHCARE PROVIDERS AND SYSTEMS (CAHPS) SURVEY

## Medicaid (AHCCCS) Results, cont.

- Corrective Action Plan required for ratings shown in red below

Measure	CYE 2013 Rating	CYE 2016 Rating	Change
<b>Adults</b>			
Rating of Health Plan	***	**	↓
Rating of All Health Care	***	**	↓
Rating of Personal Doctor	**	***	↑
Rating of Specialist Seen Most Often	*	***	↑
Getting Needed Care	**	*	↓
Getting Care Quickly	**	***	↑
How Well Doctors Communicate	***	****	↑
Customer Service	****	****	—
Coordination of Care	NR	*	NA

# CONSUMER ASSESSMENT OF HEALTHCARE PROVIDERS AND SYSTEMS (CAHPS) SURVEY

## Medicare (ONECare) Results

- Survey conducted annually for our Medicare members
- Corrective Action Plan required for ratings shown in red below

Measure	CYE 2016 Rating	CYE 2017 Rating	Change
<b>Adults</b>			
Rating of Health Plan	****	****	—
Rating of All Health Care	***	***	—
Getting Needed Care	**	**	—
Getting Care Quickly	***	***	—
Customer Service	****	****	—
Coordination of Care	*	***	↑
Getting Needed Prescription Drugs	NR	***	NA
Rating of Drug Plan	***	****	↑
Annual Flu Vaccine	*	*	—

# CAHPS QI FOCUS: WHAT PROVIDERS CAN DO TO HELP IMPROVE SCORES

## Getting Needed Care/Getting Care Quickly

- **Member perception** – For AHCCCS members, comply with required appointment timeframes. Ensure all members understand they are getting care/appointments as soon as needed based on their medical need/problem

## Care Coordination

- **Member perception** – Let members know you are informed and up-to-date about the care they receive from other providers

## How Well Doctors Communicate (Child Population)

- **Understanding by parent AND child** - Based on doctor explaining things in a way that is easy for both to understand and spending enough time with parent and child

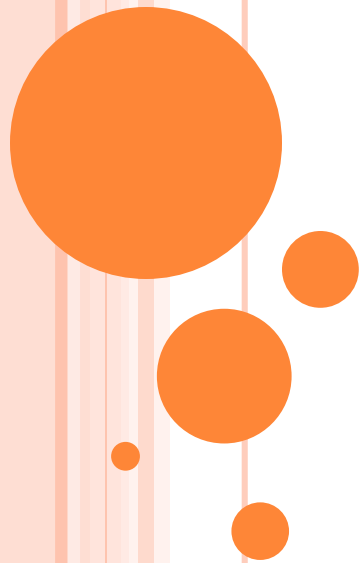
## Flu Vaccination (Adults)

- **% of members who get flu vax since July 1 of previous year** – Check status and give member date of last vaccination

*\* WellCare will field a mock CAHPS survey this Summer, and providers may get feedback on their patients' responses \**



# MATERNITY AND FAMILY PLANNING UPDATES



# AHCCCS MEDICAL POLICY MANUAL (AMPM) UPDATES

AHCCCS has revised policies related to maternity care and family planning services that affect providers.

- Policies affected:
  - Policy 410 – Maternity Care Services
  - Policy 420 – Family Planning

The changes were effective January 2018

## AMPM UPDATES

- All maternity care providers are encouraged to **read Ch. 400**, Medical Policy for Maternal and Child Health, to ensure they are up-to-date with AHCCCS requirements.
  
- All AHCCCS medical policies may be accessed at <https://azahcccs.gov/shared/MedicalPolicyManual/>.

# AMPM UPDATES



Google Custom Search



HOME

AHCCCS INFO

MEMBERS/APPLICANTS

PLANS/PROVIDERS

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Pharmacy

## AHCCCS Medical Policy Manual (AMPM)

The AHCCCS Medical Policy Manual (AMPM) provides information to Contractors and Providers regarding services that are covered within the AHCCCS program. The AMPM is applicable to both Managed Care and Fee-for-Service members.

The AMPM should be referenced in conjunction with State and Federal regulations, other Agency manuals [AHCCCS Contractors' Operations Manual (ACOM) and the AHCCCS Fee-for-Service Manual], and applicable contracts.

### ATTENTION

ACOM AND AMPM POLICIES AND RELATED MATERIALS THAT HAVE BEEN OPENED FOR REVIEW/REVISIONS AND WILL SERVE TO PROVIDE TRIBAL CONSULTATION NOTIFICATION/PUBLIC COMMENT CAN BE FOUND AT THE BELOW LOCATION. THIS LOCATION ALLOWS STAKEHOLDERS TO REVIEW AND SUBMIT COMMENTS REGARDING PROPOSED REVISIONS. THE POLICIES WILL BE OPEN FOR COMMENT FOR NOT MORE THAN 45 DAYS UNLESS OTHERWISE STIPULATED. SHOULD AN EXPEDITED TIME PERIOD BE UTILIZED, THE EXPEDITED TIME PERIOD WILL NOT BE LESS THAN TWO WEEKS. THE COMMENT DEADLINE WILL BE SPECIFIED ON EACH DOCUMENT. PLEASE CLICK ON THE FOLLOWING LINK:

[TRIBAL CONSULTATION NOTIFICATION/PUBLIC COMMENT](#)

TO RECEIVE A NOTIFICATION WHEN POLICIES ARE AVAILABLE FOR COMMENT, PLEASE SIGN UP FOR CONSTANT CONTACT EMAIL NOTIFICATION BY FOLLOWING THE INSTRUCTIONS BELOW.

Sign Up AMPM

To view AMPM Policies, select Policy from the AMPM Table of Contents below.

Approved Policies not Yet Effective

Chapter 100, Manual Overview

Chapter 200, Reserved

Chapter 300, Medical Policy for Covered Services

Chapter 400, Medical Policy for Maternal and Child Health

Chapter 500 Care Coordination Requirements

# MATERNITY UPDATE

All maternity care providers **must screen all pregnant members through the Controlled Substances Prescription Monitoring Program (CSPMP) once a trimester.**

For those members receiving opioids, appropriate intervention and counseling **must** be provided, including referral of members for behavioral health services as indicated for Substance Use Disorder (SUD) assessment and treatment.

# PREGNANCY TERMINATION UPDATE

When **reporting termination of a pregnancy that is the result of rape or incest**, the treating physician can now certify in his or her professional opinion if the member was unable to comply with the requirements to report the rape and/or incest to the authorities due to physical or psychological reasons.

The AHCCCS Certificate of Necessity for Pregnancy Termination (Attachment C of Policy 410, Maternity Care Services, of the AHCCCS Medical Policy Manual is available at <https://azahcccs.gov/shared/MedicalPolicyManual/>).

# PREGNANCY TERMINATION UPDATE



AHCCCS MEDICAL POLICY MANUAL  
POLICY 410, ATTACHMENT C,  
AHCCCS CERTIFICATE OF NECESSITY FOR  
PREGNANCY TERMINATION

AHCCCS MEMBER INFORMATION	
MEMBER NAME: _____ <small style="display: flex; justify-content: space-around; width: 100%;">Last      First      Middle</small>	DATE OF BIRTH: _____
ADDRESS: _____	HEALTH PLAN: _____
FACILITY: _____	MEMBER AHCCCS ID#: _____
DATE OF SERVICE: _____	PROCEDURE CODE(S): _____
JUSTIFICATION FOR PREGNANCY TERMINATION (CHECK ONE AND PROVIDE ADDITIONAL RATIONALE):	
<input type="checkbox"/> LIFE OF MOTHER ENDANGERED _____	
<input type="checkbox"/> INCEST <span style="float: right;"><input type="checkbox"/> Police Report Attached</span> Reported to authorities, pursuant to A.R.S. Section 13-3620 or A.R.S. Section 46-454 Yes _____ No _____ If yes, to what Agency? _____ Report #: _____ Date Filed: _____ <input type="checkbox"/> I certify that in my professional opinion, the member was unable, for physical or psychological reasons, to comply with the requirements to report the rape and/or incest to the authorities.	
<input type="checkbox"/> RAPE <span style="float: right;"><input type="checkbox"/> Police Report Attached</span> Reported to authorities, pursuant to A.R.S. Section 13-3620 or A.R.S. Section 46-454 Yes _____ No _____ If yes, to what Agency? _____ Report #: _____ Date Filed: _____ <input type="checkbox"/> I certify that in my professional opinion, the member was unable, for physical or psychological reasons, to comply with the requirements to report the rape and/or incest to the authorities.	
<input type="checkbox"/> MEDICALLY NECESSARY (CHECK ONE) <input type="checkbox"/> Creating a serious physical or behavioral health problem for the pregnant member <input type="checkbox"/> Seriously impairing a bodily function of the pregnant member <input type="checkbox"/> Causing dysfunction of a bodily organ or part of the pregnant member <input type="checkbox"/> Exacerbating a health problem of the pregnant member <input type="checkbox"/> Preventing the pregnant member from obtaining treatment for a health problem	<u>COMPLETE ONLY WITH THE USE OF MIFEPRISTONE (MIFEPREX OR RU-486)</u> Duration of Pregnancy: _____ Days Date IUD Removed: _____ (if applicable) Date Mifepristone Given: _____ Date Misoprostol Given: _____ <input type="checkbox"/> Documentation of Confirmed Termination is Attached

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Physician's Printed Name: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Prior Authorization Number: \_\_\_\_\_ Date: \_\_\_\_\_

---

Denial Reason: \_\_\_\_\_ Date: \_\_\_\_\_

**Contractor Medical Director/AHCCCS Chief Medical Officer Signature:** \_\_\_\_\_

# FAMILY PLANNING UPDATE

- The section of Policy 420 on **Amount, Duration and Scope of covered family planning services has been updated to better clarify that the following are covered services:**
  - Long-acting reversible contraceptives (LARC), including intrauterine devices and subdermal implantable contraceptives.
  - Pregnancy screening.
  - Pharmaceuticals, when associated with medical conditions related to family planning or other medical conditions.
- Clarification regarding hysteroscopic tubal sterilization has also been added to Policy 420.



# STERILIZATION UPDATE

- Maternity care providers must use the **new Consent to Sterilization form**, Attachment A of Policy 420, effective 1/10/18. Policy 420 also has been updated to clarify that, in addition to other requirements for obtaining consent for sterilization from a member, **prior to signing the consent form, the member must be given a copy of the consent form and offered factual information that includes:**
  - Advice that the sterilization procedure is considered to be irreversible.
  - A thorough explanation of the specific sterilization procedure to be informed.

# STERILIZATION UPDATE



## AHCCCS MEDICAL POLICY MANUAL POLICY 420, ATTACHMENT A – CONSENT TO STERILIZATION

NOTICE: YOUR DECISION AT ANY TIME NOT TO BE STERILIZED WILL NOT RESULT IN THE WITHDRAWAL OR WITHHOLDING OF ANY BENEFITS PROVIDED BY PROGRAMS OR PROJECTS RECEIVING FEDERAL FUNDS

### ■ CONSENT TO STERILIZATION ■

I have asked for and received information about sterilization from \_\_\_\_\_, When I first asked \_\_\_\_\_.

*Doctor or Clinic*

For the information, I was told that the decision to be sterilized is completely up to me. I was told that I could decide not to be sterilized. If I decide not to be sterilized, my decision will not affect my right to future care or treatment. I will not lose any help or benefits from programs receiving Federal funds, such as A.F.D.C. or Medicaid that I am now getting or for which I may become eligible. I UNDERSTAND THAT THE STERILIZATION MUST BE CONSIDERED PERMANENT AND NOT REVERSIBLE. I HAVE DECIDED THAT I DO NOT WANT TO BECOME PREGNANT, BEAR CHILDREN OR FATHER CHILDREN. I was told about those temporary methods of birth control that are available and could be provided to me which will allow me to bear or father a child in the future. I have rejected these alternatives and chosen to be sterilized.

I understand that I will be sterilized by an operation known as a \_\_\_\_\_.

*Specify Type of Operation*

The discomforts, risks and benefits associated with the operation have been explained to me. All my questions have been answered to my satisfaction. I understand that the operation will not be done until at least 30 days after I sign this form. I understand that I can change my mind at any time and that my decision at any time not to be sterilized will not result in the withholding of any benefits or medical services provided by Federally funded programs.

I am at least 21 years of age and was born on: \_\_\_\_\_

*(Day) (Month) (Year)*

I, \_\_\_\_\_, hereby consent of my

own free will to be sterilized by \_\_\_\_\_

*Doctor or Clinic*

by a method called \_\_\_\_\_

*Specify Type of Operation*

My consent expires 180 days from the date of my signature below.

I also consent to the release of this form and other medical records about the operation to: Representatives of the Department of Health and Human Services or Employees of programs or projects funded by that Department but only for determining if Federal laws were observed.

I have received a copy of this form.

*Signature*

*Date*

You are requested to supply the following information, but it is not required:

*(Race and Ethnicity designation) (please check)*

- Black (not of Hispanic origin);
- Hispanic;
- Asian or Pacific Islander;
- American Indian or Alaska native; or
- White (not of Hispanic origin)

### ■ INTERPRETER'S STATEMENT ■

If an interpreter is provided to assist the individual to be sterilized:

I have translated the information and advice presented orally to the individual to be sterilized by the person obtaining this consent. I have also read him/her the consent form in \_\_\_\_\_ language and explained its contents to him/her. To the best of my knowledge and belief he/she understood this explanation.

*Interpreter's Signature*

*Date*

### ■ STATEMENT OF PERSON OBTAINING CONSENT ■

Before \_\_\_\_\_ signed the

*Name of Individual*

consent form, I explained to him/her the nature of sterilization operation \_\_\_\_\_, the fact that it is

*Specify Type of Operation*

intended to be a final and irreversible procedure and the discomforts, risks and benefits associated with it.

I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent. I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or any benefits provided by Federal funds.

To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent. He/She knowingly and voluntarily requested to be sterilized and appears to understand the nature and consequences of the procedure.

*Signature of Person Obtaining Consent*

*Date*

*Facility*

*Address*

### ■ PHYSICIAN'S STATEMENT ■

Shortly before I performed a sterilization operation upon

on \_\_\_\_\_

*Name of Individual*

*Date of Sterilization*

I explained to him/her the nature of the sterilization operation \_\_\_\_\_, the fact that it is

*Specify Type of Operation*

intended to be a final and irreversible procedure and the discomforts, risks and benefits associated with it. I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent.

I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or benefits provided by Federal funds. To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent. He/She knowingly and voluntarily requested to be sterilized and appeared to understand the nature and consequences of the procedure.

**(INSTRUCTIONS FOR USE OF ALTERNATIVE FINAL PARAGRAPH:** Use the first paragraph below except in the case of premature delivery or emergency abdominal surgery where the sterilization is performed less than 30 days after the date of the individual's signature on the consent form. In those cases, the second paragraph below must be used. Cross out the paragraph which is not used.)

1) At least 30 days have passed between the date of the individual's signature on this consent form and the date the sterilization was performed.

2) This sterilization was performed less than 30 days but more than 72 hours after the date of the individual's signature on this consent form because of the following circumstances (check applicable box and fill in information requested):

- Premature delivery  
Individual's expected date of delivery: \_\_\_\_\_
- Emergency abdominal surgery (describe circumstances): \_\_\_\_\_

*Physician's Signature*

*Date*

# REFERRAL TO OB CARE

*All OB care requires authorization within 30 days of pregnancy confirmation. To request a total OB authorization, fax a copy of the completed ACOG Form to 602.778.1838.*

*The TOB form can be found:*

<https://www.care1staz.com/az/pdf/provider/forms/2016/AuthorizationPregnancyRiskAssessmentForm.pdf?ver=9.0>

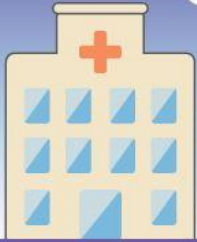
*Call (602)778-8336 to speak with a MCH staff member.*

CARE 1ST HEALTH PLAN ARIZONA Your Health Care. Our Goal.		AUTHORIZATION/PREGNANCY RISK ASSESSMENT Phone 602.778.1800 (Options: 5, 6) Fax 602.778.1838 Date: _____	
<b>PROVIDER INFORMATION:</b>			
Physician Name: _____		Fax: _____	
Street Address: _____		Phone #/Office Contact: _____	
Group Name/TEN #: _____		FQHC?: Yes <input type="checkbox"/> No <input type="checkbox"/>	
City, State, ZIP: _____		Date of 1 <sup>st</sup> visit in your office (required for auth): _____	
<b>MEMBER INFORMATION:</b>			
Member Name: _____		EDC (required for auth): _____	
Member ID: _____		High Risk: Why: _____	
Street Address: _____		LMP: _____ Weeks: _____ WIC: _____	
City, State, Zip: _____		Weight Now: _____ Pre - Preg: _____	
Phone Number: _____		Date of Birth: _____ Age: _____	
Primary Language Spoken: _____		Other Insurance: _____	
<b>PREGNANCY HISTORY (circle or fill in the blank with number)</b>			
How many pregnancies? 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Multiple Pregnancy: <input type="checkbox"/> Twins <input type="checkbox"/> Triplets <input type="checkbox"/> Other _____			
Number of living children? 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Induced abortions: _____			
Premature Labor: _____		Premature Deliveries: _____ Miscarriages: _____	
Vaginal deliveries: _____		C Sections: _____ Why? _____	
Smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ How much? _____		Drunk Alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ How Much? _____	
Street Drugs: <input type="checkbox"/> Yes <input type="checkbox"/> No _____			
All Current Medications: _____			
Medication Allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No _____			
Any problems with pregnancy? _____			
Any Problems with Previous Pregnancies? _____			
Significant social history? _____			
<b>MEDICAL PROBLEMS</b>			
<input type="checkbox"/> Heart <input type="checkbox"/> Lung <input type="checkbox"/> Kidneys <input type="checkbox"/> Diabetes <input type="checkbox"/> Asthma <input type="checkbox"/> High Blood Pressure			
<input type="checkbox"/> Other _____			
<input type="checkbox"/> Previous Surgeries: _____			
Any previous HIV exposure or history? Has HIV status been confirmed with lab work? _____			
Any History of STD? _____			
Received prenatal care prior to filling out this form? _____			
If yes, from whom? _____			
Hospital for delivery: _____			
<b>CARE 1ST HEALTH PLAN ARIZONA USE ONLY</b>			
Authorization #: _____		From: _____ Dates: _____	
Completed By: _____		To: _____	

Submit the Pregnancy Risk Assessment Form within thirty (30) days from the initial visit. If not submitted timely, authorization may be considered for visits only. Please complete the form in its entirety. If you have questions, call our Maternal Child Health (MCH) Team at 602.778.1800 x 8336. The risk assessment form is used by Case Management for assessment of member needs and risks.

Updated 04-08-16

*Pacify*



**MATERNAL & INFANT CARE  
FROM HOSPITAL  
TO HOME**



## **Transforming prenatal and postpartum care management**

May 2018

# PACIFY IS HELPING MEDICAID PLANS CRACK THE CODE ON CARE MANAGEMENT FOR MOTHER AND CHILD

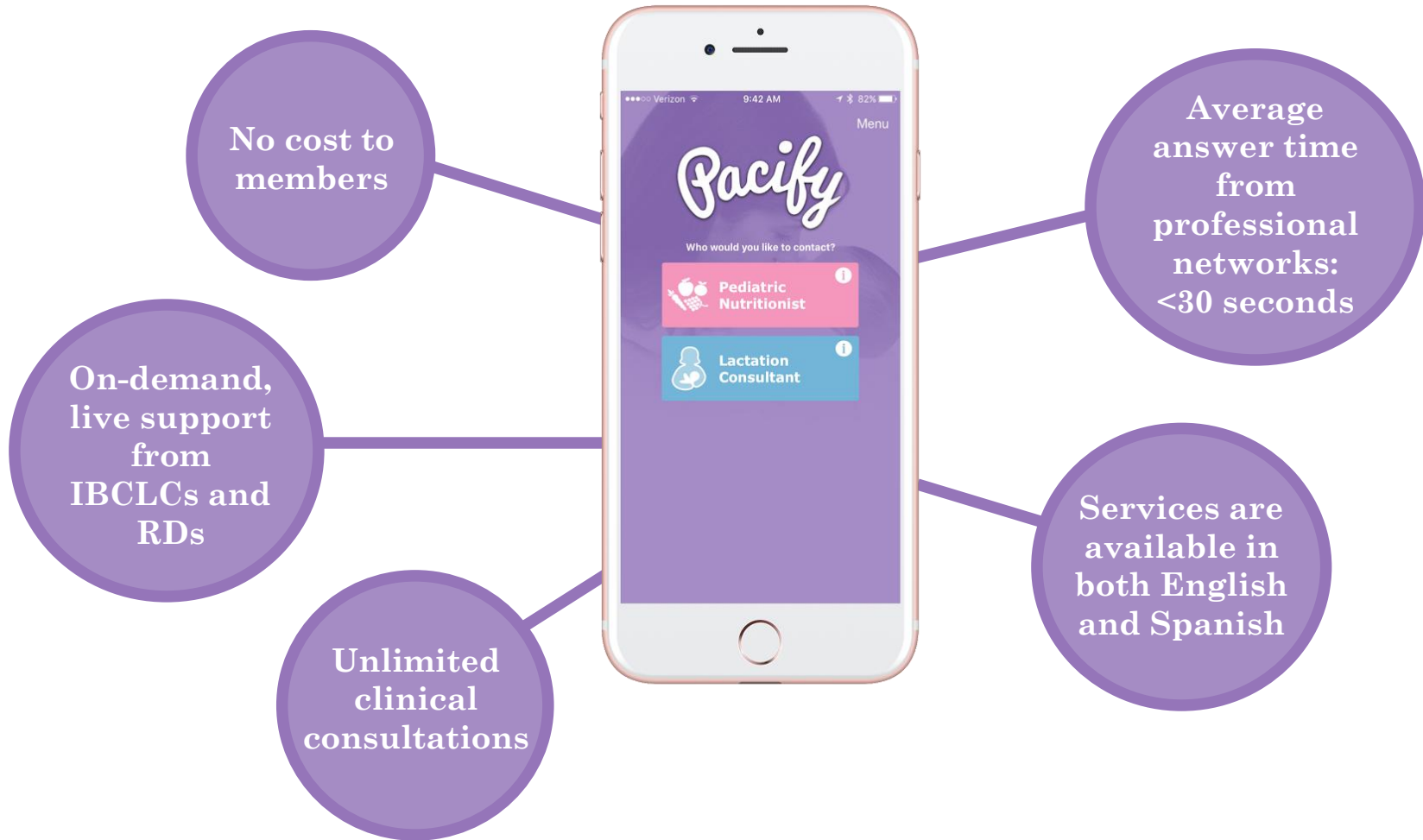
## About Us

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- 4 year-old DC-based company
- Over 6,000 active Pacify accounts
- Over 8,000 clinical consultations provided
- Serving Medicaid plans nationwide

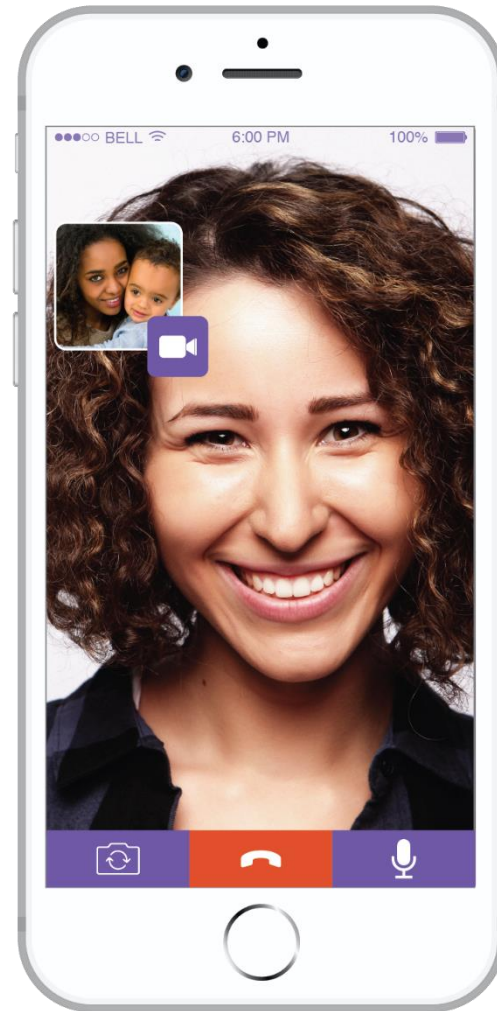
One guiding idea:  
*Technology and design thinking can transform care management in maternity.*

# PACIFY IS A UNIQUE PROGRAM THAT PROVIDES PREGNANT AND EXPECTING CARE1ST MEMBERS WITH ACCESS TO 24/7 SUPPORT AND EDUCATION



# WE ARE DEDICATED TO CLINICAL EXCELLENCE

- Nationwide network of International Board Certified Lactation Consultants (IBCLCs) and Registered Dietitians (RDs)
- Providers have least 5 years of clinical experience
- Trained to create detailed chart notes and refer clients back to Case Management team at Care1st or their medical home
- On average, members rate their Pacify experience **4.8/5** stars





# PACIFY'S WORKS WITH PRIMARY CARE PROVIDERS; NOT AS A REPLACEMENT

Moms with phone-based lactation support **exclusively breastfed three times longer** than control groups



- Breastfeeding and nutrition support are care gaps in the traditional Medicaid model
- Difficulty with feeding and nutrition, particular during infancy, is a critical driver of ER and Urgent Care use
- Pacify addresses barriers that are most pronounced in the Medicaid population (e.g., transportation, time off of work, childcare, cost)
- Pacify is available at no cost!



# EARLY DATA IS ENCOURAGING, BUT THERE'S ROOM FOR GROWTH!

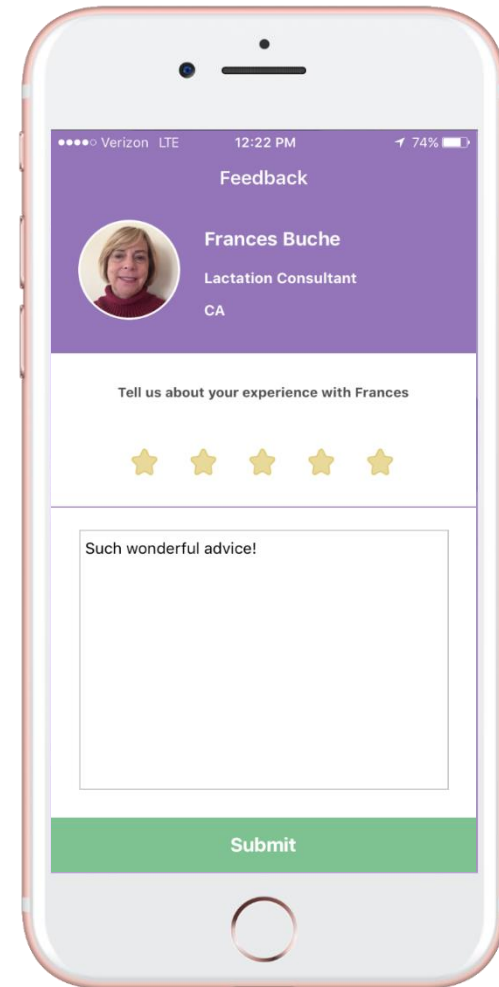


# ARIZONA MOMS WHO USE THE PLATFORM ARE EXTREMELY SATISFIED

- We ask for feedback after each interaction and Care1st members have rated the service **4.87 / 5.0**



- There have been a total of 85 ratings to-date



# PATIENTS TRUST THEIR PROVIDERS, SO YOUR REFERRALS ARE CRUCIAL



**Pacify** Support beyond your clinics' doors. **CARE1ST** HEALTH PLAN ARIZONA

Now your patients can connect face-to-face with Lactation Consultants and Dietitians at the touch of a button.

Available to **Care1st Health Plan Medicaid Members** who are expectant mothers and up to 12 months postpartum.

Pacify is designed to seamlessly complement the services you already provide!

Services offered in both English and Spanish.

Refer patients to Care1st at 602-778-8336 to get their unique sign up code!

App Store Google play

The service is available to **Care1st Health Plan Medicaid Members** who are expectant mothers and up to 12 months postpartum.

You can start referring patients to the **Care1st Member Services** team for help getting enrolled in the program right away!

# LET US KNOW HOW WE CAN BETTER SUPPORT YOU



**Ben Lundin**  
Co-founder & CEO  
Ben@pacify.com



**Katelyn McAdams**  
Community Director  
Katelyn@pacify.com

# HIGH RISK OB



# HIGH RISK OB CARE MANAGEMENT CRITERIA

Current or history of Preterm Labor	Fetal abnormalities	Incompetent cervix/cerclage
Multiple gestation	Hyperemesis (leading to hospitalization or home health care)	Pregnant member age is 18 years or younger or over 40
Hypertension diagnosis, either chronic or pregnancy-induced	HIV/AIDS diagnosis	Non-compliance with recommended prenatal care
Diabetes or Gestational Diabetes diagnosis (Unstable/uncontrolled)	Current drug or alcohol use during pregnancy or positive drug screen	Social issues: physical or verbal abuse, CPS involvement or homelessness
Recurrent infections (UTI, STD, Pyelonephritis)	Asthma (ER visit or hospitalization for asthma) (unstable/uncontrolled)	DDD members
Nutritional disorders (Anorexia, Bulimia, poor weight gain)	Medical diagnoses that may negatively impact the pregnancy, including seizure disorder, cancer, heart disease, kidney disease, autoimmune disorder, or periodontal disease	Behavioral health issues not currently being treated—may be co-managed with Behavioral Health and OB CM

# REFERRAL TO THE HIGH RISK OB 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>

# DENTAL

**Resources, Updates,  
Claims and Prior Auth Tips**



# DENTAL

## TOP 5 CLAIM DENIALS, FEBRUARY 2018

1. Duplicate services previously submitted and processed
2. Patient chart notes must be submitted for \$1000.00 Emergency Adult Benefit consideration. Please refer to AHCCCS guidelines for additional radiograph submission requirements.
3. Prior records indicate patient has COB. Please resubmit with EOB or denial from primary carrier.
4. Service(s) not covered when rendered by out of network practitioner
5. No prior authorization on file for this procedure.

# DENTAL

## CLAIM TIPS

- Guidelines & documentation requirements are available at:
  - Advantica Website - <https://www.advanticabenefits.com>  
Providers > Provider Login > Log on > Reference Manuals
  - Care1st Website – <https://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

## 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

## ADULT AHCCCS ACUTE EMERGENCY BENEFITS 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
  - Permanent crowns limited to endodontically treated teeth

# DENTAL

## ADULT AHCCCS ACUTE EMERGENCY BENEFITS CONTINUED

- Not covered with this benefit
  - Fixed bridgework
  - Dentures
  - Diagnosis and treatment of TMD or TMJ
- Prior authorization is not required. Should you submit a prior authorization it will be returned (not processed) advising it is not required.
- 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

## 2018 CDT NEW CODES & DELETED CODES

1. D5510 – *Deleted Code* – Repair Broken Complete Denture Base
2. D5511 – *NEW Code* – Repair Broken Complete Denture, Mandibular
3. D5512 – *NEW Code* – Repair Broken Complete Denture, Mandibular
4. D5610 – *Deleted Code* – Repair Resin Denture Base
5. D5611 – *NEW CODE* - Repair Resin Partial Base, Mandibular
6. D5612 – *NEW CODE* - Repair Resin Partial Base, Maxillary
7. D5620 – *Deleted Code* – Repair Cast Framework
8. D5621 – *NEW CODE* - Repair Cast Partial Base, Mandibular
9. D5622 – *NEW CODE* - Repair Cast Partial Base, Mandibular
10. D8695 – *NEW CODE* - Removal of fixed orthodontic appliance(s) – other than at the conclusion of treatment
11. D9222 – *NEW CODE* - Deep Sedation/General Anesthesia- First 15 minutes
  - D9223 each subsequent 15 minute increment with a max of 11 units.
12. D9239 – *NEW CODE* - Intravenous Conscious Sedation/Analgesia – First 15 minutes
  - D9243 each subsequent 15 minute increment with a max of 11 units.

**IMPORTANT: See Care1st\_Advantica Clinical and Billing Guidelines for additional requirements/criteria on the above CDT Codes.**



# DENTAL

## PRIOR AUTHORIZATION TIPS

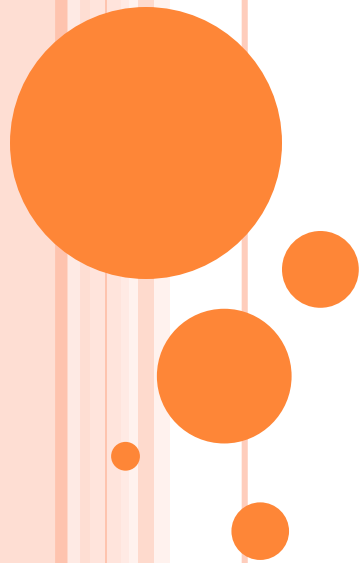
1. Services that require prior auth identified with an \* on Clinical and Billing Guidelines.
2. Submit prior auth requests online for faster turnaround time  
*Standard* – Requests processed within 4 business days and  
*Urgent/Expedited* - Requests are processed within 72 hours of receipt of request.
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 Care1st Claims Disputes & Appeals Team.
9. Guidelines & documentation requirements are available at:
  - Advantica Website - <https://www.advanticabenefits.com> Providers > Provider Login > Log on > Reference Manuals
  - Care1st Website – <https://www.care1staz.com> Care1st > Providers > Dental

# CLAIMS



# MEDICAL CLAIMS

## Claims Resources and Updates

- Available resource material (Encounter Keys, Claims Clues, Biller's Corner)
  - Occupational Therapy covered for members 21 and older and visit maximums
  - Transportation reminders
  - Age range for CPT 90688 changed to 0-999 years
  - Additions to place of service 53 – 58301 (effective 1/1/16), 90686 (effective 1/1/16) and 90715 (effective 1/1/16)
  - March 2018 Claims Clues  
<https://www.azahcccs.gov/PlansProviders/RatesAndBilling/FFS/claimsclues.html>
  - January-February encounter keys  
<https://www.azahcccs.gov/PlansProviders/Downloads/Encounters/Newsletter/2018JanuaryFebruary.pdf>
  - Care1st billers Corner <https://www.care1staz.com/az/providers/newsletter.asp>

# MEDICAL CLAIMS

## Guidelines for common Modifiers

### **EPSDT and Modifier 25 (Separate identifiable E&M service)**

When an EPSDT visit (99381-99385 or 99391-99395) is performed in conjunction with a sick visit (99201-99245) for members less than 21 years of age, modifier 25 is required on the sick visit CPT code in order to be reimbursed for both the EPSDT visit and the sick visit. If both visits are performed in conjunction with VFC immunizations, the modifier 25 is required on both the E&M and EPSDT codes. Modifier EP is required on the EPSDT visit code. The sick visit is reimbursed at 50% of the applicable fee schedule. Both visits must be billed on the same claim form.

### **EP Modifier**

Modifier EP is billed in conjunction with 96110 for reimbursement of developmental testing utilizing any of the three AHCCCS approved Developmental Tool: PEDS Tool, MCHAT or ASQ. (Providers must first complete the training for the tool that is utilized to be eligible for reimbursement for this service.)

The EP modifier is also required on preventative EPSDT services (CPT codes 99381-99385, 99391-99395) and to designate all services related to the EPSDT well child visit, including routine vision and hearing screenings

# MEDICAL CLAIMS

## **SL MODIFIER (State supplied vaccine)**

Vaccines administered to members under the age of 19 are ordered through the Vaccines for Children (VFC) program. For a complete listing of eligible VFC codes, refer to: <http://www.azdhs.gov/preparedness/epidemiology-disease-control/immunization/index.php#vaccines-children-guide>

**Tying it all together:** *Billing sick visit, EPSDT visit and vaccine code(s) for single date of service:*

Patient (under the age of 19) makes appointment because of an earache. Office determines it is time for EPSDT evaluation and vaccine. Office bills:

- Both the sick and well diagnosis codes
- Sick visit is billed with appropriate E&M (99201-99245) with modifier 25
- EPSDT visit is billed with appropriate E&M (99381-99385 or 99391-99395) with modifier 25 and modifier EP
- Vision screening is performed as part of the EPSDT visit (92015) with modifier EP
- VFC vaccine code is billed with the applicable NDC and the SL modifier
- Vaccine administration code is billed with the SL modifier

# Medical Claims

## **Modifier 50 (bilateral procedure)**

Modifier 50 is required for all bilateral procedures. Please refer to the current coding guidelines for a listing of appropriate bilateral procedures.

Bilateral procedures are billed on one line with 1 unit and the 50 modifier:

*EXAMPLE: Tympanostomy is performed on both ears.*

Line 1: 69436, with “50” modifier, full dollar amount for both sides, 1 unit

Total payment: 150% of fee schedule

## **Modifier 59 (distinct procedural service)**

Modifier 59 is required to identify a truly distinct and separate service and should not be used if the procedure is performed on the same site. When an already established modifier is appropriate, it should be used instead of modifier 59

(example

Subset modifiers XE, XS, XP, XU). Care1st applies NCCI (National Correct Coding Initiative) bundling edits to claims. Claims submitted with modifier 59 are subject to medical review and office notes/operative reports are required with the claim submission for consideration.

# Medical Claims

<b>Codes requiring records when billed with modifier 59, XE, XS or XU</b>	
<b>CPT Code</b>	<b>Brief Description</b>
<b>36600</b>	Blood Draw/Arterial Catherization
<b>43210 - 43239</b>	Upper Gastrointestinal - Diagnostic
<b>45380 - 45398</b>	Colonoscopy - Diagnostic
<b>45900 - 45999</b>	Rectal/Colon - Diagnostic
<b>46600 - 46615</b>	Anoscopy - Rectal/Colon - Diagnostic
<b>49560 - 49568</b>	Hernia Repair
<b>51600 - 51720</b>	Bladder - Diagnostic
<b>51725 - 51798</b>	Cysometrogram – Bladder - Diagnostic
<b>52000 - 52318</b>	Cystourethroscopy – Bladder - Diagnostic
<b>58100 - 58120</b>	Endometrial Biopsy - Diagnostic
<b>62310 - 64640</b>	Lumbar and Sacral Pain Management
<b>69100 - 69999</b>	Ear Procedures
<b>94640 billed with 94060 on same date of service</b>	
<b>96372 when billed with pain management procedures</b>	



# 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, or by request from SM\_AZ\_DashboardRequest@Care1stAZ.com)
- Customer service and audit trending
- Billing and Utilization Workgroups

# Medical Claims

## Top 5 Claim Denials last month

1. Primary Insurance on file – 4,973
2. Exact Duplicate – 3,997
3. Provider not contracted – 2,617
4. Patient not eligible on date of service – 2,228
5. Bill the appropriate RBHA for Behavioral Health – 1,130

Forum Breakout Session – How can we help you?

## Q & A

