



**CARE1ST**  
HEALTH PLAN ARIZONA  
A WellCare Company

# CARE1ST PROVIDER FORUM

- Care1st Plan Update
- AHCCCS Updates
- Targeted Investments
- DDD Transition
- Quality Improvement
- Integrated Care Management
- Prior Authorization – Medical
- Pharmacy Updates
- Medical Claims
- System of Care – Behavioral Health



# Plan Updates

- The proposed transition plans have been posted on the AHCCCS website related to the proposed merger between Centene and WellCare
- <https://www.azahcccs.gov/Resources/OversightOfHealthPlans/changeownership.html>
- AHCCCS was seeking public comment regarding the proposed merger and the transition plan, this was due on September 20, 2019.

## ■ Network Management Representatives

### - Maricopa

- Northwest Valley – Alethea Ortega [alethea.Ortega@wellcare.com](mailto:alethea.Ortega@wellcare.com)
- Northeast Valley – Deborah Discont [deborah.discont@wellcare.com](mailto:deborah.discont@wellcare.com)
- South Valley – John Schneider [john.schneider@wellcare.com](mailto:john.schneider@wellcare.com)
- Central Valley – Gail Garrison [gail.garrison@wellcare.com](mailto:gail.garrison@wellcare.com)
- Southeast Valley – Steve Bigman [steve.bigman@wellcare.com](mailto:steve.bigman@wellcare.com)
- Southwest Valley – Ivette Gastelum [Ivette.Gastelum@wellcare.com](mailto:Ivette.Gastelum@wellcare.com)

Find the territory assignment grid here:

[https://www.care1staz.com/az/pdf/provider/ProviderTerritoryGrid\\_0219.pdf?ver=02.19](https://www.care1staz.com/az/pdf/provider/ProviderTerritoryGrid_0219.pdf?ver=02.19)

- Network Management Representatives

- The following counties have a Network Management Rep assigned

- Mohave / Apache – Diana Dunlap [diana.dunlap@wellcare.com](mailto:diana.dunlap@wellcare.com)
- Coconino / Navajo – Sherri Smith [sherri.smith@wellcare.com](mailto:sherri.smith@wellcare.com)
- Yavapai – Dale Wilson [dale.wilson@wellcare.com](mailto:dale.wilson@wellcare.com)
- Gila / Pinal – Daniel de la Vara [daniel.delavara@wellcare.com](mailto:daniel.delavara@wellcare.com)
- Pima – Lorita Smith [lorita.smith@wellcare.com](mailto:lorita.smith@wellcare.com)

Find the territory assignment grid here:

[https://www.care1staz.com/az/pdf/provider/ProviderTerritoryGrid\\_0219.pdf?ver=02.19](https://www.care1staz.com/az/pdf/provider/ProviderTerritoryGrid_0219.pdf?ver=02.19)

## Changes to your Practice

- Please communicate any changes to your practice to ensure accurate processing of claims, payment and directory information including:
  - Providers joining or exiting the practice
    - Requests for providers to joining the practice need to be accompanied by a current and fully executed AzAHP form
  - Address, telephone or fax number changes
- Send notification by fax to (602) 778-1875 or by email to [sm\\_az\\_pno@care1staz.com](mailto:sm_az_pno@care1staz.com)
- You may also contact your Network Management Rep directly

## Provider Loading Process

- A request to add a provider to your group is received by the Network Management Team via an AzAHP Practitioner Data Form
  - All elements on the form must be completed
  - The most current form must be used
    - <https://www.care1staz.com/az/providers/frequentlyusedforms.asp>
- That request is added to the Network Management database and forwarded to Credentialing Department
- Credentialing cannot begin unless the CAQH application is updated and current required documentation is uploaded
- When credentialing is completed, the provider is loaded into the claims payment system
- A *Welcome Letter* is sent notifying the practice of the effective date of the provider



## Forms

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### Prior Authorization

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

### Case Management / Behavioral Health

- ▶ [Care1st Case Management Referral Form](#) PDF
- ▶ [MMIC Referral for Behavioral Health Services Form](#) PDF
- ▶ [CIC Referral for Behavioral Health Services Form - Pima County](#) PDF

### Credentialing & Contracting

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

### Other

- ▶ [Claim Dispute](#) PDF
- ▶ [Electronic Funds Transfer Authorization Form \(ETF\)](#) PDF

- [Login](#)
- [Mailings & Reference Materials](#)
- [Manual](#)
- [Our Network](#)
- [Practice & Preventive Health Guidelines](#)
- [Prior Authorization Guidelines & Criteria](#)
- [Provider Rep Contact Info](#)
- [Quality Measure Results](#)



# AHCCCS Works Community Engagement Program

# What is “AHCCCS Works”\*?

Arizona Health Care Cost Containment System (AHCCCS) has submitted a formal 1115 Waiver Amendment Request to the Centers for Medicare and Medicaid Services (CMS) seeking authority to implement community engagement requirements and a five-year maximum lifetime benefit limit for a portion of the Medicaid population.

The waiver request is designed to provide low-income, able-bodied adults the tools needed to gain and maintain meaningful employment, job training, and education.

\* “AHCCCS Works” 1115 Waiver Amendment Request Submitted. 19 Dec. 2017. Retrieved on 11 Sept. 2019 from <https://azahcccs.gov/shared/news/PressRelease/AHCCCSWorks1115WaiverAmendmentRequestSubmitted.html>

# AHCCCS Works Requirements

- No sooner than Summer 2020, able-bodied adults\* 19-49 who do not qualify for an exemption must, for at least 80 hours per month:
  - Be employed (including self-employment);
  - Actively seek employment;
  - Attend school (less than full time);
  - Participate in other employment readiness activities, i.e., job skills training, life skills training & health education; or
  - Engage in Community Service

\* Adults = SSA Group VIII expansion population, a.k.a, Adult group

## Who is Exempt

Members of federally recognized tribes	Pregnant women up to the 60 <sup>th</sup> day post pregnancy
Former Arizona foster youth up to age 26	Members who are medically frail
Members determined to have a serious mental illness (SMI)	Care givers who are responsible for the care of an individual with a disability
Members with a disability recognized under federal law and individuals receiving long term disability benefits	Members who are in active treatment for a substance use disorder
Individuals who are homeless	Members who have an acute medical condition
Individuals who receive assistance through SNAP, Cash Assistance or Unemployment Insurance or who participate in another AHCCCS approved work program	Survivors of domestic violence
Full-time high school, college, or trade school students	Designated caretakers of a child under age 18

## What happens if a member does not report enough hours or misses the monthly deadline?

- A member who does not report at least 80 hours of community engagement by the 10th day of the following month will be suspended from AHCCCS coverage for a two-month period.

The two-month suspension will occur on the first day of the month after AHCCCS sends the Notice of Suspension, unless the member reports and verifies that there was good cause (such as family emergency or natural disaster) for non-compliance or initiates an appeal of the suspension.

## Do members lose AHCCCS benefits during the suspension period?

- Members will not receive AHCCCS benefits during the two-month suspension period. However, a member's coverage may be reinstated at any point during the suspension period if the member is no longer subject to the requirements (for example, if the member qualifies for an exemption at any point during the suspension period).

# Frequently Asked Questions

Do members need to reapply for AHCCCS coverage after the suspension period?

- No. After the two-month suspension period, a member's AHCCCS coverage will be automatically reinstated as long as they meet all other Medicaid eligibility criteria.

Can a member complete annual AHCCCS renewal during the suspension period?

- Yes. A member's annual redetermination will not be impacted by a non-compliance suspension.

## Geographic Phase-In Recommendation

Counties	Rural Population	Implementation Phases
Maricopa	< 20% Low Rural Population	Phase I 2020 - 2021
Pima		
Yuma		
Pinal	20% - 40% Moderate Rural Population	Phase II 2021 - 2022
Mohave		
Santa Cruz		
Coconino		
Yavapai		
Cochise	> 40% High Rural Population	Phase III 2022 - 2023
Gila		
Graham		
Greenlee		
Navajo		
La Paz		
Apache		



## Community Resources

- Care1st Community Resources
  - <https://care1staz.com/az/members/>
- ARIZONA@WORK (DES), including the Arizona Job Connection (AJC) online job search portal
- 2-1-1 Arizona
- AHCCCS is working on developing relationships with Community Colleges/Universities & Volunteer Match



## AHCCCS Works Community Engagement Program

- <https://www.azahcccs.gov/AHCCCS/Initiatives/AHCCCSWorksCommunityEngagement/>

## AHCCCS Works FAQs

- <https://www.azahcccs.gov/AHCCCS/Initiatives/AHCCCSWorksCommunityEngagement/faq.html#deadline>

## AHCCCS Works Exemptions for American Indians and Alaska Natives (AI/AN) Members

- <https://www.azahcccs.gov/AHCCCS/Initiatives/AHCCCSWorksCommunityEngagement/AIAN.html>



# Targeted Investments Program Learning Collaborative

- The TIP is AHCCCS' strategy to develop systems for integrated care by providing financial incentives to eligible AHCCCS providers

Program goals are:



## Purpose:

- Assist providers to achieve their full incentive payment for Targeted Investment Program (TIP) metric completion in years 4 and 5 using a learning collaborative approach.

## What Is It:

- Providers working together using quality improvement techniques and clinical best practices.
- Timely, actionable information provided monthly to the TIP learning collaborative participants regarding individual clinic performance.
- The learning collaborative is a forum to share best practices and disseminate the content needed for a provider to achieve all TIP metric goals in years 4 and 5.

Consultation and technical assistance provided when TIP metric(s) not achieved.

Optimize the capacity for a provider to achieve the TIP metrics and incentive payment.

Approximately 24 CME credits awarded annually and contributes to MOC requirement.

# Details of Learning Collaborative



Each learning collaborative consists of 25-35 provider organizations which participate .



A 4-hour in-person kick-off meeting.



Each month, a virtual meeting will be conducted with performance updates on individual and group performance in achieving metrics.

## TI Participants



Attend in-person kick-off meeting

Attend monthly webinar collaborative meeting

Performance feedback follow-up

Deliver monthly feedback report to each TIP participant

Provide quality improvement and process engineering expertise

Offer clinical experts and technical assistance consultation

Sponsors the Learning Collaborative

Provides guidance and prioritization

Transmits data to ASU for analysis and distribution to TIP participants



William Riley,  
PhD

- Professor and Director, National Safety Net Advancement Center, College of Health Solutions, ASU

George Runger,  
PhD

- Professor and Director of the Center for Health Information Research, College of Health Solutions, ASU

Satya Sarma, MD

- Senior Medical Director, Care1st Health Plan Arizona.

Others

- Clinical experts
- Highly experienced experts in successfully implementing large scale collaboratives to improve clinical performance.



# DDD Health Plans Transition

# DDD Health Plan Changes

Effective October 1, 2019

- Care1st is exiting the DDD line of business. All members will transition to either Mercy Care or United Healthcare.
- The contracts are for statewide service, without geographic limitation so members can choose either plan no matter where they live in the state.
- DDD Health Plans will offer eligible members:
  - Physical health
  - Behavioral health
  - Children's Rehabilitative Services (CRS)
  - Limited long term services and supports (LTSS) such as:
    - Nursing facilities
    - Emergency alert system services
    - Habilitative physical therapy for members age twenty-one (21) and over



## Transition Resources

### DDD Website

- <https://des.az.gov/services/disabilities/developmental-disabilities/new-ddd-health-plans>

### DDD Member Services

- 1-844-770-9500 ext. 7

## Membership in September 2019 as a relinquishing plan

- For Elective Surgeries or Elective Hospital Services Requests received after September 14<sup>th</sup>:
  - Care1st will not process for authorization. Per AMPM Chapter 520, Section C-2, “the relinquishing Plan will not authorize hospital services such as elective surgeries scheduled less than 15 days prior to the transition date”.
  - Care1st is not a DDD Health Plan as of October 1, 2019, so we will redirect to member’s new receiving plan as of October 1, 2019.
- For Non-hospital based routine requests including DME and Therapies received from September 14<sup>th</sup> through September 26<sup>th</sup>:
  - Care1st will process for authorization with timespan through at least October 15, 2019 to allow 30 day transition.
  - Also PA will stamp after Sept 14<sup>th</sup>: Care1st is not a DDD Health Plan as of October 1, 2019, confirm and redirect future requests to the member’s new receiving plan effective October 1, 2019 including extensions for services.

## Membership in September 2019 as a relinquishing plan

- Starting September 27th remind callers that Care1st is not DDD Health Plan as of October 1st 2019, redirect them to call the member's new receiving plan as of October 1, 2019. If needed services are urgent please request the provider to call Care1st PA team.
- Beginning Sept 27th PA will call the requesting provider office on any urgent requests to check if DOS is after October 1, 2019



# Quality Improvement

- AHCCCS released updated version of the EPSDT Visit Forms in May
  
- Copies of the new forms are available in the following locations:
  - Download from AHCCCS Website:
    - <https://www.azahcccs.gov/shared/MedicalPolicyManual/>
    - Chapter 400, Policy 430, Attachment E – AHCCCS EPSDT Tracking Forms
  - Download from Care1st Website:
    - <https://www.care1staz.com/az/providers/frequentlyusedforms.asp>
    - Scroll down to Other, click EPSDT Tracking
  - Download order form from Care1st Website:
    - <https://www.care1staz.com/az/providers/frequentlyusedforms.asp>
    - Scroll down to Other, click EPSDT Order



- Overall the number of children receiving well-child visits have decreased over the last few years.
  
- Strong Families AZ which is funded by the AZ Department of Health Services, Bureau of Women's and Children's Health (ADHS BWCH) conducted community group discussions surrounding:
  - Parenting
  - Early Childhood Development
  - Child Well Exams
  - Childhood Immunizations

**Key Finding:** The main “barrier to care” centered on the inability of working parents/caregivers to schedule or attend appointments during the workday.

**Strategic Opportunity:** Accommodate work hours. Work to expand hours of operations.

**Key Finding:** Parents/Caregivers seek to self-educate on a topic before deciding their next move. Facebook “mom groups” were favored. Google and WebMD were also resources.

**Strategic Opportunity:** Position messaging to inform vs. instruct. Ask parents to “consider” rather than “do” and always include “why”. Shed light on the other side of the argument, inform of consequences of not receiving care, and leverage their desire to self-educate.

**Key Finding:** Parents/Caregivers don’t feel heard.

**Strategic Opportunity:** Take advantage of available tools/platforms to facilitate conversation. Patients no longer need to wait until their appointment to ask questions. Examples: Live Q&A that provides anonymity, text message communications, etc.

- CAHPS – What is it?
  - CAHPS stands for Consumer Assessment of Healthcare Providers and Systems.
  - The CAHPS surveys ask consumers and patients to report their experiences with health care services.
  - Patient experience encompasses the range of interactions that patients have with the health care they receive.
  - CAHPS assesses several aspects of health care delivery that patients value highly when they seek and receive care:
    - Getting Needed Care
    - Getting Care Quickly
    - Customer Service
    - Shared Decision Making
  - Quality Practice Advisors (QPAs) will distribute results to the individual provider offices that had responses captured in the CAHPS Survey

# CAHPS Measure Comparison

## CAHPS Measure Comparison – AHCCCS Child Survey

Table below Shows Top Level Ratings for the Measure Usually/Always, Satisfied and/or Rating of 9+10

Global/Composite Rate	AHCCCS Survey 2016	WellCare Survey 2019
How Well Drs Communicate	92.3%	93%
Getting Needed Care	86.2%	80.9%
Getting Care Quickly	88.5%	89.7%
Customer Service	92.0%	80.2%
Shared Decision Making	72.8%	78.8%
Rating of All Health Care	68.1%	74.3%
Rating of Personal Doctor	72.6%	74.8%
Rating of Specialist	78.0%	55.6%
Rating of Health Plan	71.6%	72.3%
Care Coordination	68.8%	74.2%

## CAHPS Measure Comparison – AHCCCS Adult Survey

Table below Shows Top Level Ratings for the Measure Usually/Always, Satisfied and/or Rating of 9+10

Global/Composite Rate	AHCCCS Survey 2016	WellCare Survey 2019
How Well Drs Communicate	89.9%	92.7%
Getting Needed Care	78.2%	81.2%
Getting Care Quickly	81.6%	82.8%
Customer Service	92.9%	85.5%
Shared Decision Making	82.0%	80.7%
Rating of All Health Care	48.7%	53.2%
Rating of Personal Doctor	62.6%	64.8%
Rating of Specialist	63.0%	62.1%
Rating of Health Plan	53.3%	61.1%
Care Coordination	80.9%	83.5%

## CAHPS Measure Comparison – Medicare Adult Survey

Table below Shows Top Level Ratings for the Measure Usually/Always, Satisfied and/or Rating of 9+10

Global/Composite Rate	ONECare Survey 2018	WellCare Survey 2019
How Well Drs Communicate	86.1%	87.7%
Getting Needed Care	78.3%	79.5%
Getting Care Quickly	75.2%	72.1%
Customer Service	89.2%	85.8%
Rating of All Health Care	79.2%	80.2%
Rating of Personal Doctor	88.8%	87.9%
Rating of Specialist	85.7%	86.3%
Rating of Health Plan	84.4%	85.1%
Care Coordination	83.1%	83.4%
Getting Needed Prescription Drugs	87.2%	87.4%
Rating of Drug Plan	84.8%	88.7%

- AHCCCS has an External Quality Review Organization (EQRO) conduct an annual analysis report that provides information about the quality of, timeliness of and access to health care services the health plans provide.
  
- The EQRO report looks at each health plan's results in the AHCCCS mandatory performance measures:
  - Annual Dental Visits
  - Adolescent Well-Care Visits
  - Well-Child Visits in the First 15 Months of Life (Six or more well-child visits)
  - Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life
  - Ambulatory Care – ED Visits
  - Plan All-Cause Readmissions

- Report Summary:
  - Care1st placed 1<sup>st</sup> in three (AWC, W15, W34)
  - Care1st placed 2<sup>nd</sup> for two (ADV and AMB/ED)
- Some highlights from the report.
  - Care1st and MCP were the only Acute Care Contractors to meet or exceed the MPS for any performance measure in the Pediatric Health Domain.
  - No Acute Care Contractors met the MPS for the following three performance measure rates:
    - Well-Child Visits 3-6 years old;
    - Cervical Cancer Screening; and
    - Chlamydia Screening for Women.
  - Although the Children and Adolescents' Access to Primary Care Practitioners 7-11 and 12-19 Years rates are considered to be high performers, the rates for all six contractors and the acute care aggregate declined from CYE 2016 to CYE 2017, with declines for the acute care aggregate and five contractors considered significant.

# AHCCCS EQRO Report

Measure	MPS	Care1st Rate	State Aggregate Rate	Overall State Significant Change
ADV	60.0	61.6	60.8	↑
AWC	41.0	42.1	39.2	–
W15	65.0	65.8	59.5	↑
W34	66.0	64.2*	60.7	–
AMB/ED**	55.0	50.9	53.4	NR
PCR**	11.0	14.0*	12.0	↓
CAP 12-24m	93.0	91.7*	93.1	↑
CAP 25m-6y	84.0	83.3*	82.9	↓
CAP 7-11y	83.0	89.1	89.0	↓
CAP 12-19y	82.0	85.6	86.4	↓
BCS	50.0	52.0	54.4	↑
CCS	64.0	52.3*	50.5	–
CHL	63.0	51.2*	48.3	↑

\*Care1st did not meet the MPS for these measures

\*\*Lower is better

NR – Not reported because utilization measure based on member months are not appropriate for statistical testing.

Link to the full report can be found on the AHCCCS Website:

<https://www.azahcccs.gov/Resources/HPRC/>

- What are Care Gaps:
  - These are missing visits or preventive services based on recommended best practices
- Examples of recommended best practices:
  - EPSDT visits
  - Adults Access to Care
  - Breast Cancer Screening
  - Diabetic Screenings
- Our goal is to reduce the number of Care Gaps missing for our members
- Care Gap reports will be provided via:
  - Monthly EPSDT Notification Letters
  - Quarterly Gaps in Care Reports that include all measures
  - Personalized Practice/Provider Reports distributed by Quality Practice Advisors
- It is time for the **year end push** to close missing Care Gaps
  - Let's work together to get Care1st members in for well visits and preventive services



# Integrated Care Management



## ■ Care Management

- Health Plan based professionals
  - RN / LCSW / LPC
- Short-term (1 month approx.)
- Link to in-network providers
- Coordination of complex care
- Resources in the community
  - Supports family / caregivers / member
  - Social determinants of health (SDoH)

## ■ Case Management

- Provider based
  - Population Health based focus
  - Provider defines pop. managed
- Typically longer-term (> 1 month)
- Most commonly found in...
  - Community Health Centers (FQHCs)
  - Integrated clinic providers
    - More access to on-going supports
    - Community-based staff with extensive knowledge of community-based resources

# Integrated Care Management (ICM)

Level of Care (LOC)	ICM staff collaborating with the member	Characteristics based on Identification and Stratification Tools
HIGH	<p align="center"><b><u>Field Care Management (FCM)</u></b>                      Licensed Behavioral Health Clinician (LCSW / LPC / LMFT)                      Registered Nurse (RN)</p>	<ul style="list-style-type: none"> <li>• Post Hospitalization follow-up</li> <li>• Emergency Dept. Diversion (4,4,4's)</li> <li>• PH and BH Complex and/or Comorbid</li> </ul>
MOD (Moderate)	<p align="center"><b><u>Telephonic Care Management (TCM)</u></b>                      Licensed Behavioral Health Clinician (LCSW / LPC / LMFT)                      Registered Nurse (RN)</p>	<ul style="list-style-type: none"> <li>• Transplant</li> <li>• High Risk OB</li> <li>• Emergency Dept. Diversion (3,3,3's/ 2,2,2's)</li> </ul>
LOW	<p align="center"><b><u>Care Coordination (CC)</u></b>                      High school diploma + associates, bachelors, medical assistant(MA), certified nursing assistant (CNA), 2 + years of medical or behavioral background</p>	<ul style="list-style-type: none"> <li>• Mbrs calling in with question</li> <li>• Find in-network providers</li> <li>• Health Coaching</li> </ul>

## Where Field-Based ICM may go to meet with a member

### Home Visit

(Member Home/Place of Residence)

### Community Visit

(Provider Office/Public Location)

### Facility Visit

(Hospital/SNF/Group Home)



# ICM Member Groups & Collaborators

Different groups ICM Manages and Collaborators with on managing members to meet needs

<b>High Need / High Cost (HNHC)</b>	<b>High Risk OB</b>
<b>Special Health Care Needs (SHCN)</b>	<b>Transplant</b>
<b>Tribal Members</b>	<b>Veterans</b>
<b>ER Diversion (Frequent ER Visitor)</b>	<b>ER Hold (Stuck in the ER ☹)</b>
<b>Children's Rehabilitative Services (CRS)</b>	<b>Pharmacy Lock-In</b>
<b>Dual Special Needs (Medicare / Medicaid)</b>	<b>Opioid Dependent – Medication Assisted Tx</b>
<b>Chronic Pain</b>	<b>Arizona Early Intervention Program (AzEIP)</b>
<b>Justice Involved</b>	<b>Collaborate w/ Community Based Case Mgr. (Co-Manage to support NOT Duplicate)</b>

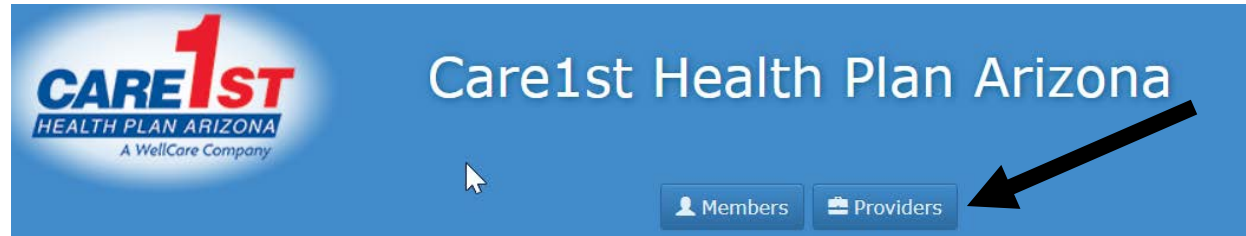


## Who can:

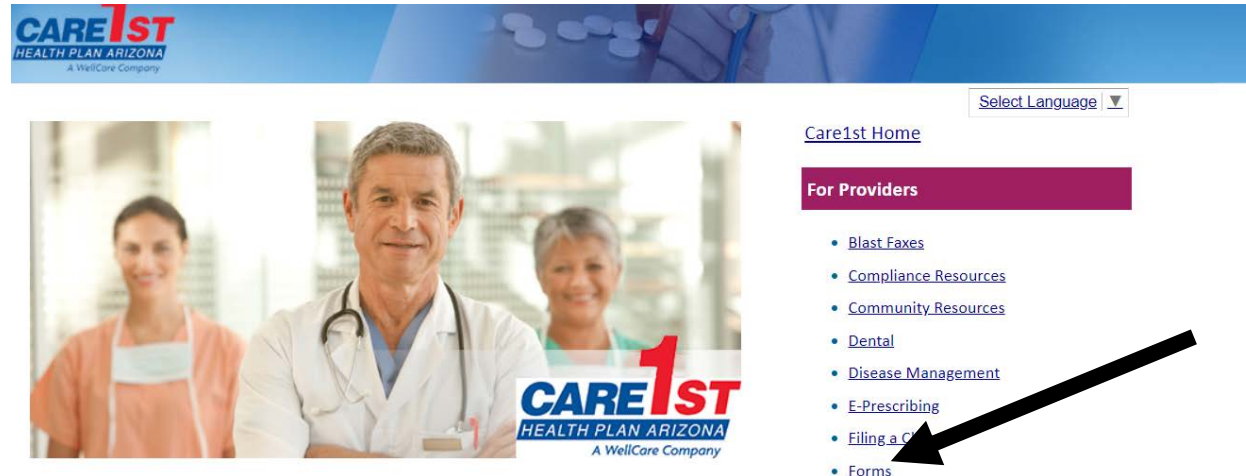
- Members
- Primary Care Providers
- Specialists
- Hospital Staff
  - Physicians
  - Social Workers
  - Nurses
- Facility Staff
  - SNFs
  - Group Homes
- Other Community Agencies

## How to

- Visit the Care1st website ([www.care1staz.com](http://www.care1staz.com))
- Choose “Providers”



- Choose “Forms”



How to

- Choose “Care1st Case Management Referral Form”


## Forms

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### Prior Authorization

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

### Case Management / Behavioral Health

- ▶ [Care1st Case Management Referral Form PDF](#) 
- ▶ [MMIC Referral for Behavioral Health Services Form PDF](#)
- ▶ [CIC Referral for Behavioral Health Services Form - Pima County PDF](#)



# Referrals to ICM

- Complete ICM Referral Form
- Fax the completed form to Care1st
  - (602) 224-4372
    - This number is listed at the bottom of the form
- Complete the form online and print
- OR
- Print and write in the information

**CARE1ST** Case Management Referral Form **ONECARE**  
HEALTH PLAN ARIZONA

Member Name  Plan ID#  DOB

Member Phone  Alternate Contact Info

Member Address

PCP/SCP Name  Phone #

Line of Business  AHCCCS  ONECare  DDD

Referral Type

Adult Case/Disease Mgmt  Pediatric Case Mgmt  Transplant Case Mgmt

Social Work Case Mgmt  Behavioral Case Mgmt  OB Case Mgmt

Reason For Referral

Risk for Admission/Readmit  Post-d/c Needs  Chronic Condition Management  Caregiver needs/HHC, DME

Acute Condition Support  Access to Care Issues/Needs Provider  Medication Adherence Issues

Social Work/Community Resources  High Risk Pregnancy  Non-compliance tx plan

Non-Emergent Use of ER  Overuse of Controlled Substances  Behavioral Health/Drug/Alcohol Issue

Add'l Info regarding referral

Contributing medical diagnoses, PMH

Referral Date   Urgent (Review w/in two Business Days)  Routine (Review w/in 5 business days)

Person Requesting Referral  Phone

Please fax all referrals to Care1st Health Plan Care Management Department at (602) 224-4372.

- ICM page on the Care1st website
- Real time ICM referrals
  - Available to
    - Members
    - Provider
    - Specialists
    - Community Based Organizations
  - Requests go directly to the department for scheduling and outreach
- Providers can also contact the department directly: 1-866-560-4042 option 4 > option 9





# Prior Authorization Medical

# Prior Authorization When to Request



- PA Guidelines are found on the Care1st website
  - <https://www.care1staz.com/az/PDF/provider/PriorAuthReferenceGrid/2019/PA0531.pdf>

Pages	Content
1 – 4	Medical / Dental Covered Services
5	Behavioral Health Covered Services
6 – 14	J codes and other Injectables that require PA
15 – 25	ASC Procedures that require PA
26 – 28	In-Office procedures that require PA

## To submit a Prior Authorization Request

- Complete TAR, add clinical notes, order, etc. and fax to
  - (602) 778-1838 (best option)
  
- Call the request in to
  - (602) 778-1800 option 5 > 6 > 3
  - Needed clinical notes or other supporting documentation would need to be faxed before a decision can be made

## Turn Around Times

- Urgent 72 hrs
- Routine 14 days
- AHCCCS defines an urgent request as: *“A request for services in which either the requesting provider indicates or the contractor determines that following the standard timeframes for issuing an authorization decision could seriously jeopardize the member’s life or health or ability to attain, maintain, or regain maximum function.”*
  - By marking a request urgent when it does not meet the above definition, we may have less time to obtain necessary information
  - A request submitted as urgent could be downgraded by clinical staff to a standard/routine request. If the provider can show the request meets the urgent definition, above, the provider can call and speak with the clinician that downgraded the initial request.
  - Appointment availability or scheduled services, do not meet the urgent definition

## Common reasons for receiving a fax back

- Missing Information, i.e. CPT codes, DX codes, no clinical information
- No Authorization Required
- Redirect to PCP-Non Par providers submitting requests will be redirected back to the PCP for referral
- Redirect to PAR provider- Requests for a member to go to a non par provider will attempt to be redirected in network.
  - Exceptions can be made if there is no contracted provider in the area.
- Often referrals to specialties do not require authorization for consult and treat.
  - These specialists require authorization: Chiropractic, Genetics, Perinatology, Developmental Pediatrics, Plastic Surgery

# Prior Authorization Useful Resources

- Medicaid Prior Authorization Grid – Please use as a resource
  - <https://www.care1staz.com/az/providers/priorauthreferencegrid.asp>
  - Last updated January 2019
- Find useful Prior Authorization forms here
  - <https://www.care1staz.com/az/providers/frequentlyusedforms.asp>
- Care1st Customer Service: (602) 778-1800
- Care1st fax number: (602) 778-1838







# Pharmacy Updates

# Formulary Updates

Drug Class	Drug(s) Removed from Formulary	Preferred Alternative(s) on Formulary (NEW or current alternatives)	Utilization Management (PA,STEP, QL, AGE)	*Grandfathering permitted (Y/N)
Antimigraine Agents	N/A	NEW: Aimovig, Emgality	PA	N/A
Antipsychotic Agents	Aripiprazole ODT Aripiprazole Soln Saphris	Aripiprazole oral See Formulary for other alternatives	PA & AGE	Y
Cytokine/Cam Antagonists	N/A	NEW: Otezla NEW: Xeljanz IR only	PA PA	N/A
Epinephrine, Inj.	Adrenaclick, EpiPen	Epinephrine inj (Mylan) NEW Symjepi	QL	N
Glucocorticoids, Inh	Advair Diskus Qvar, Qvar Redihaler	NEW Advair HFA  Asmanex, Flovent HFA OR Pulmicort Flexhaler	STEP Advair	N
Hepatitis C Agents	N/A	NEW Sofosbuvir/Velpatasvir (Authorized Generic)	PA	N
Opioid Dependence TX	N/A	NEW Buprenorphine/ Naloxone (Generic)  NEW Sublocade	  PA Sublocade	  N

Effective October 1, 2019:

- ***Opioids >90 MME/day***: Hard POS edit (claim will stop and require PA) for all members with a cumulative daily dose >90 MME/day
  - Require PA for dose >90 MME per day
  - Best practice for providers:
    - Include ICD 10 diagnosis code on all controlled Rx's
    - New Rx, doses <90 MME/day is recommended by the AZ Opioid Act
    - ALL new controlled substance RX, providers should be reviewing the CSPMP upon start on new medication and quarterly thereafter
- ***CONCURRENT Review***: for all members taking Opioids &/or benzodiazepines &/or Antipsychotics in combination:
  - All members the above combination will encounter pharmacy edit upon dispensing to verify the appropriateness of the drug combination
  - Best practice for providers:
    - If prescriber for all drugs, indicate on prescription rationale for use &/or appropriate ICD10 codes &/or that the combination has been reviewed and medically necessary

Effective: January 1, 2020

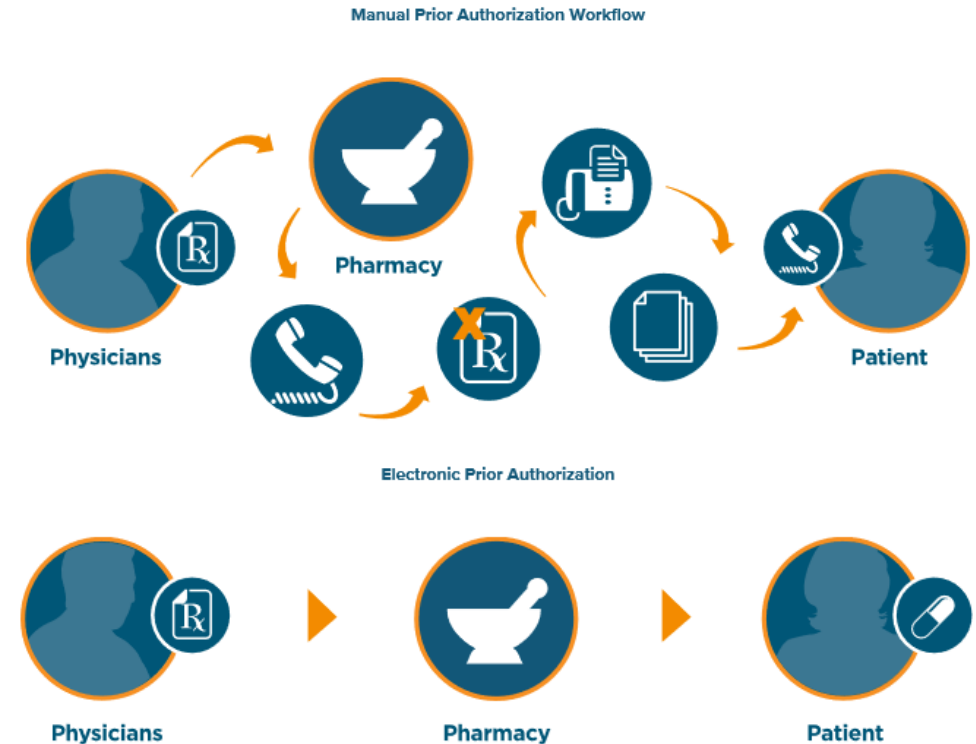
- All schedule II controlled substances\*\* that are opioids are required to be prescribed by e-prescriptions only
- Make sure e-prescribing software has been updated and current. No waivers will be available

\*\* Exceptions include federal facilities (Indian Health Service, Veterans Affairs, and Department of Defense)

# Electronic Prior Authorizaion (e-PA)

Care1st ePA vendor is Surescripts

- Integrated directly with electronic health records (EHR) or
- Prior Authorization Portal
  - <https://providerportal.surescripts.net/providerportal/>
- Benefits:
  - Providers know upfront if the PA is required and preferred alternatives that are available
  - Integrated decision tool help reduce the need to request additional information
  - Approved cases immediately send approval
  - Reduced turn around time – improvements for both providers and members



## AMPM 310-V Prescription Medications/Pharmacy Services

- Pharmacies shall not charge a member the cash price for a prescription, other than an applicable copayment, when the medication is federally and state reimbursable\*\* and the prescription is ordered by an AHCCCS Registered Prescribing Clinician
- Pharmacies shall not split bill the cost of a prescription claim to AHCCCS or its Contractors' PBMs for an AHCCCS member. Contractors' PBMs Pharmacies shall not allow a member to pay cash for a partial prescription quantity for a federally and state reimbursable medication\*\* when the ordered drug is written by an AHCCCS Registered Prescribing Clinician.

\*\*Medications covered by the AHCCCS benefit and includes the following:

All formulary medications

Early refills or refills too soon

Medications that require UM such as STEP, PA, or QL

Medications that require review for Medical Necessity (Medication after clinical review)

If a member is trying to obtain a prescription from an out of network pharmacy (due to travel) or there is an emergency, these will be evaluated on a case by case basis

- Care1st identified High Opioid Utilizers (>120 MME/day) and no diagnoses for the following:
  - SNF
  - Hospice or palliative care or
  - Active cancer diagnosis
- Over 300+ members were identified:
  - Letters to providers
  - Consider Opioid Assistance and Referral (OAR) Line for consultation to help members reduce opioid utilization – available at no cost through ADHS
- Best practice:
  - Non-pharmacological treatment for pain
  - Naloxone for high risk patients
  - Short term therapy of all opioids
  - Initial opioid Rx for <90 MME/day



# Medical Claims



# Claim Top Denials



## Top 5 Denial Reasons and Reminders to Reduce Denials:

### Duplicate Billing:

- Use the Care1st Web portal to confirm claim status at any time
- Allow 45-60 days from the initial claim submission prior to resubmitting
- Contact Claims Customer Service to assist with questions prior to submitting duplicates

### Provider Not Contracted – Auth Required:

- Refer all laboratory services to Sonora Quest (our exclusive lab)
- Refer to the Prior Authorization Guidelines on our website for behavioral health services (Note: Non-contracted providers must obtain authorization for all services)

### Primary Insurance on file-Bill Primary Insurance:

- Verify coverage at each appointment
- Use AHCCCS online to verify other coverage

### Patient Not Eligible on Date of Service:

- Confirm eligibility on AHCCCS online or with Care1st Customer Service prior to claims submission

### Exceeds Timely Filing Guidelines:

- Initial claim submission must be received no later than 6 months from the date of service, or eligibility posting date, whichever is greater
  - Care1st secondary claims must be received within 6 months from the date of service/eligibility posting date, or within 60 days of the primary carrier's processing date as indicated on the EOB, whichever is greater
- Resubmissions must be received within 12 months of the date of service, or eligibility posting date, whichever is greater

## Resubmissions and Void Requirements

- To avoid duplicate denials all corrected claim resubmissions and voids should be billed in the format below
  - Resubmissions on CMS1500 forms must include indicator 7 and the original claim number in field 22 (EDI Loop 2300)
  - Voided claims on CMS1500 forms must include indicator 8 and the original claim number in field 22 (EDI Loop 2300)
  - For UB04 forms bill type XX7 (replacement) or XX8 (void) with the original claim number in field 64 (Loop 2300)

## Top codes denied for no authorization

- 97110 – Physical Therapy
- J0574 – Buprenorphine
- 76376 – 3D interpretation and reporting of imaging studies

\*\*Reminder – Maternity services require prior authorization notification within 30 days of confirmation

Prior Authorization Guidelines are located on the Care1st website  
<https://www.care1staz.com/az/providers/priorauthreferencegrid.asp>

## Submitting paper claims and records via mail

- Wellcare requires that all paper claims submissions are submitted on a red and White CMS 1500 or UB 04 form
- All records or other claims correspondence mailed as a result or a claim denial, or request for additional information, must also include the appropriate Red and White form

# Claims Reminders and Updates

## Billing Secondary Claims Electronically

- Care1st is now accepting secondary claims via EDI effective 9/1/19. Secondary paper billing must be billed with a red and white CMS1500 (See attachment)

## EPSDT CPT Codes and Age Ranges

New Patient	CPT Code	Established Patient	CPT Code
Ages 0 – 12 months	99381	Ages 0 – 12 months	99391
Ages 1 – 4 years	99382	Ages 1 – 4 years	99392
Ages 5 – 11 years	99383	Ages 5 – 11 years	99393
Ages 12 – 17 years	99384	Ages 12 – 17 years	99394
Ages 18 – 20 years	99385	Ages 18 – 20 years	99395

## Repeat Procedures – Modifier 77 and 76

- Repeat procedures by the same physician (Modifier 76) should be submitted on the same claim, when possible, and require records to substantiate use of the modifier
- Claims billed for a repeat procedure by a different physician (Modifier 77 or XP) require records with the claim that includes the modifier

## AHCCCS Update to Modifiers for assistant at surgery services

- Current guidelines in the AHCCCS fee for service manual will be updated effective 9/1/19 to only require modifier AS for surgical assists by mid level providers. (PA, NP, CNS) This update removes the requirement to also include modifier 80 for this provider type





## Partnership and Internal Resources

- Weekly high volume Denial Report
- Denial Trend Denials (JOC, High Volume)
  - On demand [AZClaimsLiaisons@Care1stAZ.com](mailto:AZClaimsLiaisons@Care1stAZ.com)
- Customer service and audit trending
- Billing and Utilization Workgroups

## AHCCCS Resources

- Claims Clues
- <https://www.azahcccs.gov/PlansProviders/RatesAndBilling/FFS/claimsclues.html>
  - APR-DRG Policy
  - Provider Enrollment Updates
  - Adult Immunization Coverage
  - PPC Coverage
  - 3<sup>rd</sup> Quarter Training Schedule

## Encounter News

- Modifier 59 usage when billing 87804 for A and B flu strains.

## Encounter Keys

<https://www.azahcccs.gov/PlansProviders/HealthPlans/encounterkeysnewsletter.html>

- Age limit change on CPT 77076 (0-1 years old)
- List of modifiers added for CPT 11103



# System of Care

## What is Trauma

- Trauma refers to intense and overwhelming experiences that involve serious loss, threat or harm to a person's physical and/or emotional well being.
- These experiences may occur at any time in a person's life. They may involve a single traumatic event or may be repeated over many years.
- These trauma experiences often overwhelm the persons coping resources. This often leads the person to find a way of coping that may work in the short run but may cause serious harm in the long run.

## Examples of Traumatic Life Experiences

- Physical, emotional and/or sexual abuse in childhood or adulthood
- In Childhood
  - neglect or abandonment (food insufficiency, lack of money to meet basic needs, homelessness)
  - death of a parent
  - divorce
  - family life that includes drug addiction, alcoholism, parental incarceration, violence
- Rape
- Serious medical illness or disease (disabling conditions, loss of function, invasive and distressing procedures)



## Examples of Trauma in Adulthood

- Combat related trauma
- Refugee/torture
- Witnessing or experiencing violence
- Catastrophic loss (natural disasters)
- Terrorism

## Impact of Trauma Over the Lifespan

- Changes in brain neurobiology
- Social, emotional & cognitive impairment
- Adoption of health risk behaviors as coping mechanisms (eating disorders, smoking, substance abuse, self harm, sexual promiscuity, violence)
- Severe and persistent behavioral health, physical health and social problems, early death.

## Triggers in Healthcare Settings

- Triggers: *An external event that causes internal discomfort or distress such as*
  - Sights - white lab coats, medical equipment, restraints, X-ray bib, room temperature
  - Sounds - dental drill, ambulance sirens, chaos in environment
  - Smells - rubbing alcohol, antiseptic odors, latex gloves

Medical settings may be distressing for people with trauma experiences

- Invasive procedures
- Removal of clothing
- Physical touch
- Personal questions that may be embarrassing/distressing
- Power dynamics of relationship
- Gender of healthcare provider
- Vulnerable physical position
- Loss of and lack of privacy

Medical settings may be distressing for people with trauma experiences

- Train staff about trauma, sensitive practice, and sharing critical information
- Screen and assess for trauma
- Communicate a sensitivity to trauma issues
- Create a safe and comfortable environment
- Provide services in a trauma informed manner

What to consider when interacting with people with traumatic experiences

- To provide effective services we need to understand the life situations that may be contributing to the persons current problems
- Many current problems faced by the people we serve may be related to traumatic life experiences
- People who have experienced traumatic life events are often *very sensitive* to situations that remind them of the people, places or things involved in their traumatic event
- These reminders, also known as triggers, may cause a person to relive the trauma and view our setting/organization as a source of distress rather than a place of healing and wellness

## Training Staff

- Increase awareness and importance of trauma as a factor in health outcomes
  - What is Trauma and how does it affect people?
  - Why is understanding trauma important in the work we do?
- Primary and behavioral health have communication channels to inform each other about a person's trauma and it's affect on
  - mental health, substance use and physical wellbeing
  - the person's comfort with and use of medical and dental services

## Screen & Assess

- Health Appraisal Questionnaire
- Adverse Childhood Experiences Questionnaire

## Communicating a Sensitivity to Trauma Issues

- Trauma related materials in waiting areas
- Posters inviting individuals to talk about trauma and/or needs located in exam rooms
- Asking questions about trauma and/or needs before and during exams



## Creating a Safe and Secure Environment

- Survey service recipients to gain feedback about their experiences, including the physical environment
- Solicit staff to suggest improvements to care and the environment
- Insure individuals feel welcome and comfortable from reception through exiting
- Do no harm – prevent re-traumatization
- Provide trauma sensitive practices and care

## Trauma Informed Care: Practical Tips

- Engage person, develop rapport and build trust over time
- Provide calm and soothing office environment
- Give relaxed, unhurried attention
- Talk about concerns and procedures before doing anything (ex. asking patient to disrobe)
- Give as much control and choice as possible
- Validate any concerns as understandable and normal
- Allow a support person or female staff person to be present in the room
- Explain thoroughly each procedure and get consent
- Ask if person is ready to begin and inform them that they can pause or stop procedure at anytime
- Encourage questions and ask about any worries or concerns and how you can help (ex. leaving door ajar)
- Maintain a personable, respectful, kind and honest manner
- Talk to person throughout to let them know what you are doing and why
- Encourage person to do what feels most comfortable (ex. keeping coat on, listening to music, keeping dental chair upright)
- Place a high priority on culture; including ethnicity, race, religion, sexual orientation, historical and social trauma such as homelessness and poverty

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**CARE1ST**  
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