



CARE1ST PROVIDER FORUM



- Health Current
- Network Management
- Prior Authorization, Medical
- Medical Claims
- Pharmacy Updates
- Quality Improvement - VFC
- Marketing and Outreach
- Individual and Family Affairs
- Advocacy
- Care Management
- Behavioral Health - Trauma
- Behavioral Health – MAT SVCS Waivers
- System of Care

Jayme Pina
Chris Masiello
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Anthony Crooks
Angela Balascak
Maritza Jimenez
Veronica DeLaO
Deb Jorgensen
G'Kyshia Hughes
Dee Reny
Mark Shen
Mark Shen
Mark Faul

Intro to Health Current

Presenter: Jayme Piña

Agenda

- About Us
- Participation & Growth Statistics
- Services & Program
- Becoming a Participant
- Questions

About Us

Health Current is the result of an executive order signed in 2005 and subsequent community efforts to develop a statewide health IT strategic plan for Arizona.

From that, the non-profit Arizona Health-e Connection (AzHeC) was founded in 2007, and the organization rebranded as Health Current in 2017.

Our commitment to helping providers make fully informed healthcare decisions is reflected in our MVP:

- **Our Mission** – We help our partners realize their highest potential to transform care.
- **Our Vision** – To make healthcare transformation a reality.
- **Our Purpose** – To integrate information with the delivery of care, to improve individual and community health and wellbeing.

What We Are & What We Do

- A **public-private partnership** that improves health and wellness by advancing the secure and private sharing of electronic health information.
- A **Data Trustee and Data Manager** for the Arizona healthcare community.
- Manage and operate Arizona's **health information exchange** (HIE).
- Provide **secure access** to patient health information for Arizona's healthcare community.
- Provide **secure exchange** of patient health information between the HIE and its participating organizations and providers.

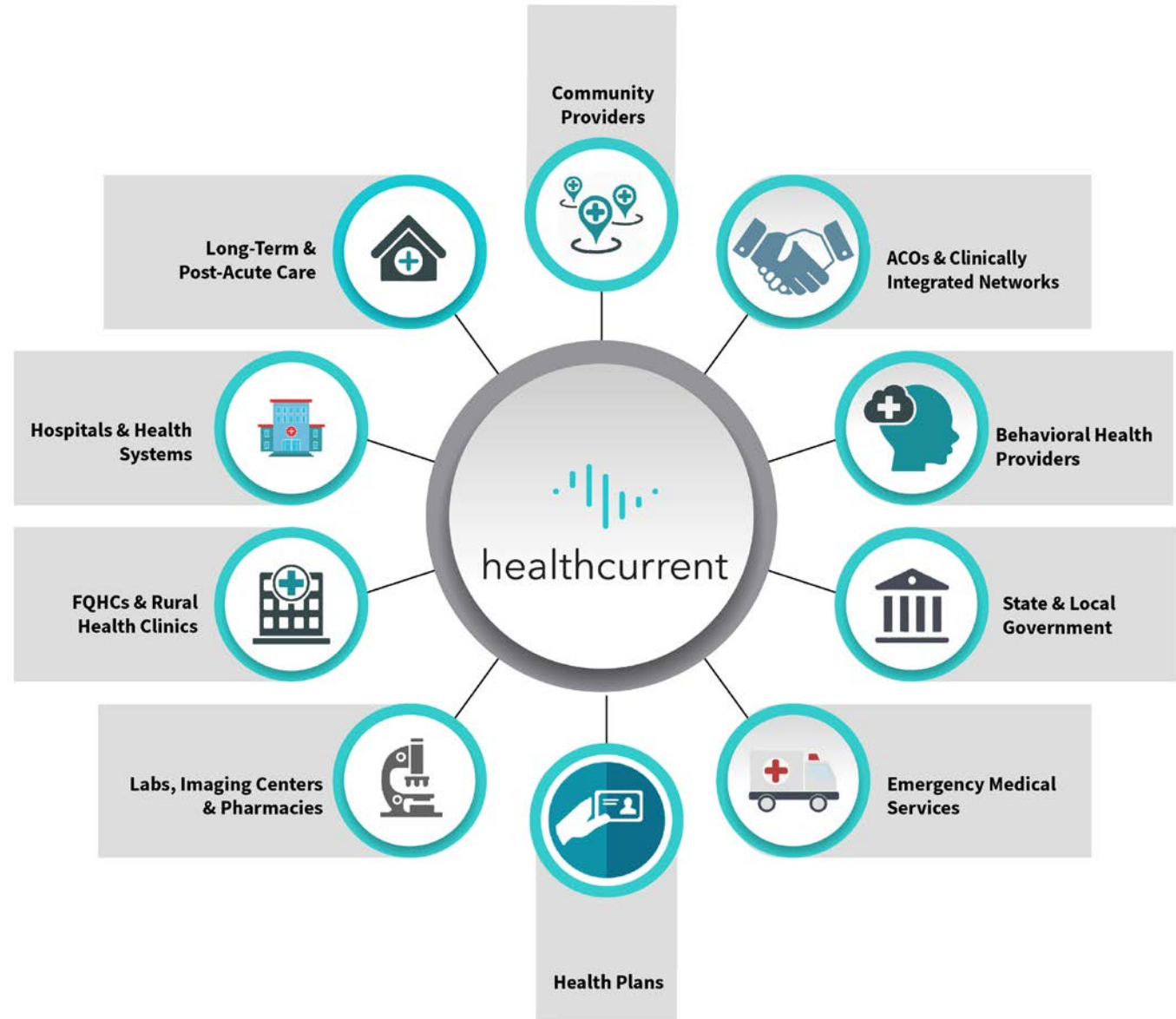


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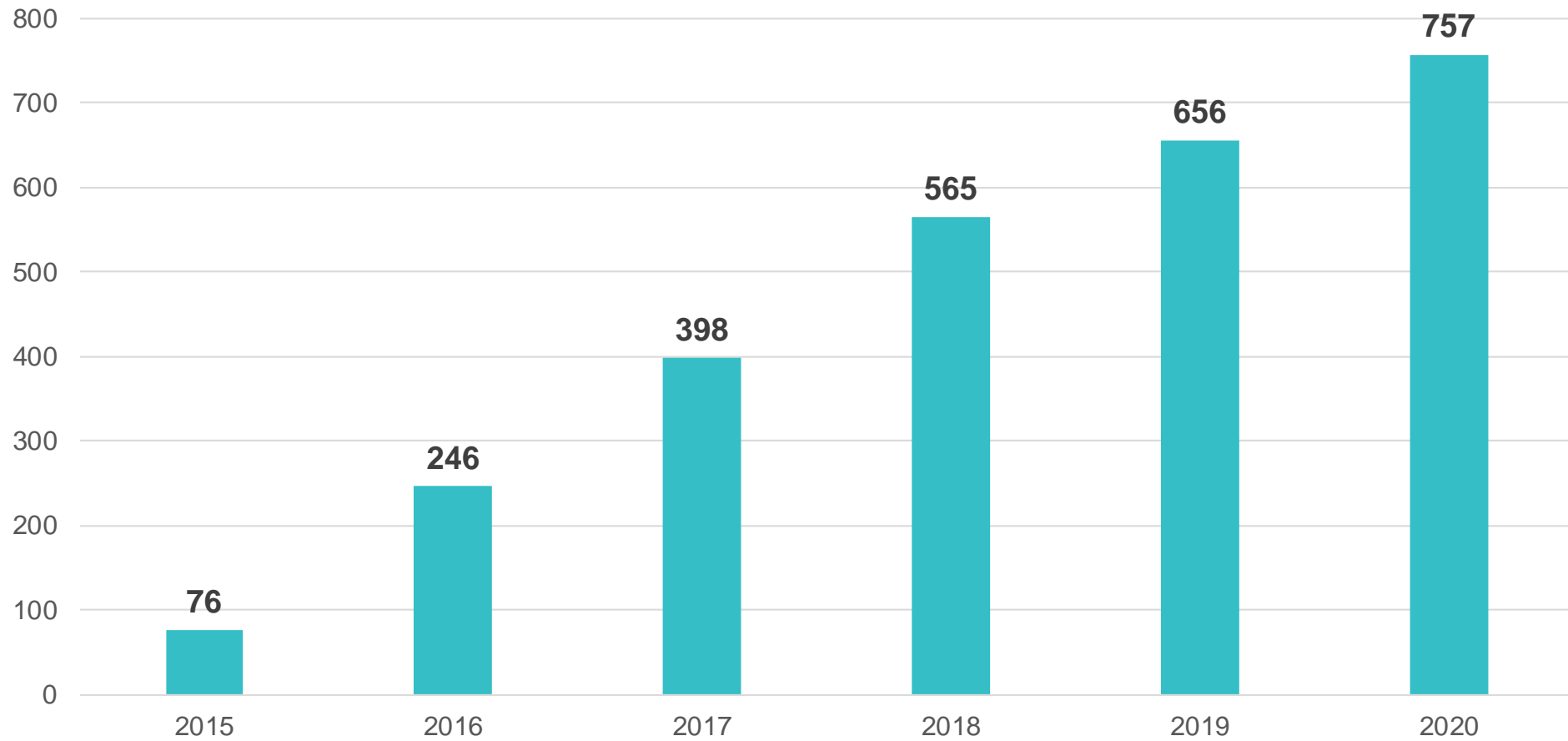
Participation & Growth Statistics

Who is Health Current?

757 HIE Participants and growing
as of 9/10/2020

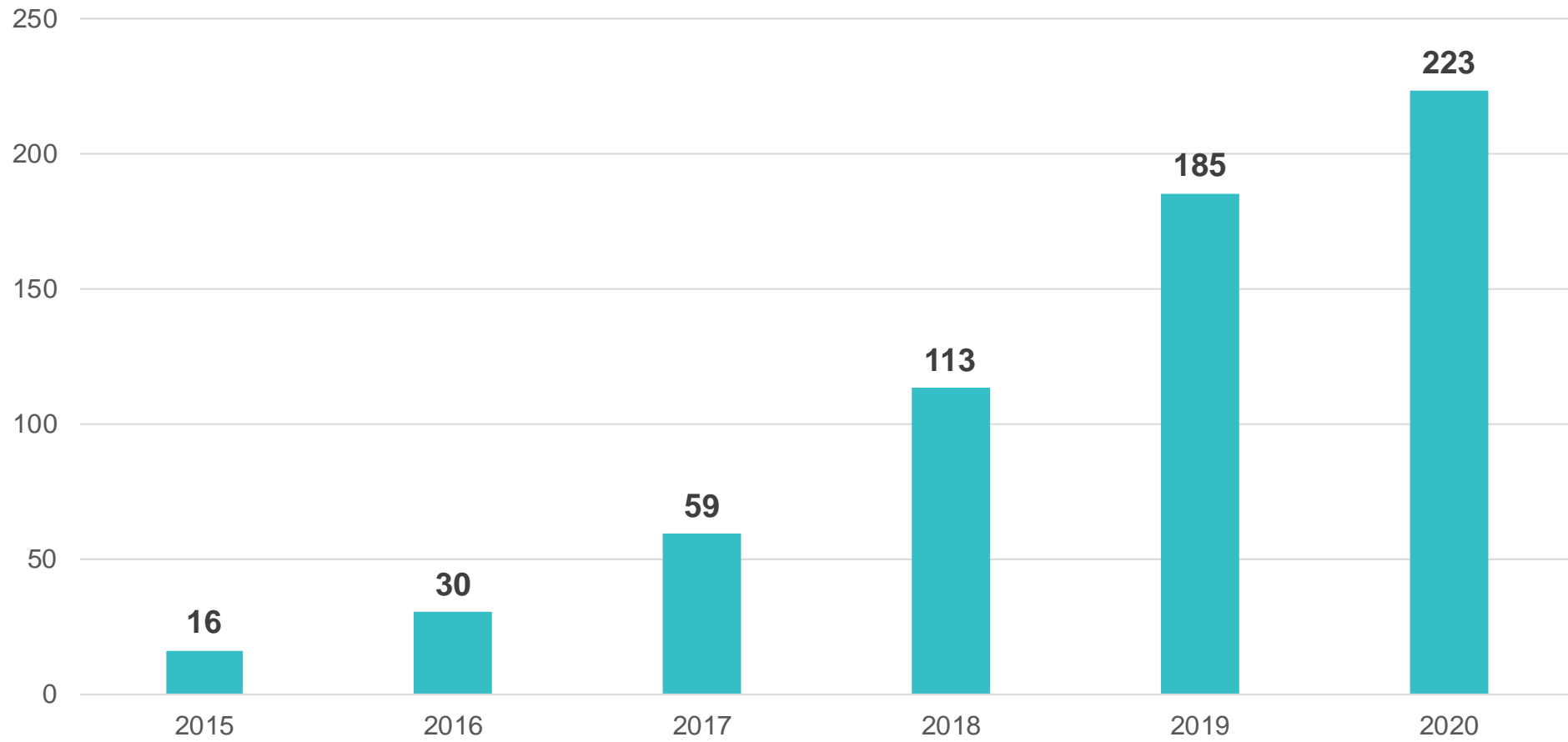


Active HIE Participants



as of 9/10/2020

Data Suppliers



as of 9/10/2020

Progress Review – Data Exchange			
Activity	December 31, 2016	December 31, 2019	Percent Change
Active Users	359	1,428	298%
Total Patients in the MPI	7.6 M	12.2 M	61%
Total Patients with Clinical Data	6.9 M	10.8 M	57%
Patients Accessed via the Portal Monthly	7.7 K	79 K	926%
HL7 v2 Transactions Received Monthly	9.9 M	25.2 M	155%
CCDs Received Monthly	121 K	1.8 M	13,876%
Alerts Delivered Monthly	51 K	10.4 M	19,392%
Participating Acute Inpatient Discharges	83%	97%	17%
Participating ED Visits	91%	99%	9%

What would it be worth to your organization?

- If you could have a comprehensive background on the patient before he/she arrived?
- If you didn't have to wait for someone to fax a patient's lab result? (Ex. knowing when a patient has tested positive for Covid-19)
- If you could reduce Medical errors?
- If you knew your patient was admitted to a hospital?

The HIE has answers...

- Hospital/ED Alerts & Notifications - ADT
- Timely Information to Coordinate Care
- Medical Histories from Out-of-State Sources
- Secure Communication between healthcare organizations
- Comprehensive health information from multiple sources
- Data to include; active medications, allergies, immunizations, diagnosis, etc.



Long-Term &
Post-Acute Care

HIE Testimonial

“HIE alerts help with care coordination. When onboarding new patients, we’re also able to get more complete information through the HIE portal. We are learning a lot every day and are eager to implement new workflow processes using the HIE.”

- Jason Smidt, *Chief Information Officer*, Arizona Home Care

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Behavioral Health
Provider

HIE Testimonial

“The number one benefit of receiving alerts from the HIE is the **reduction in time for coordination of care and direct services**. The HIE eases the process of understanding the client’s history in order to identify a level of need and care.”

- Phillip Pierce, *Data Integrity Specialist*,
Old Pueblo Community Services

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HIE Benefits

One connection to save time and resources – Making connections to other providers, hospitals, reference labs and health plans takes time and valuable resources from your practice. One connection saves time and allows real-time transfer of data from hospital encounters, reference lab results and other community provider encounters.

New patient information – Connection to the statewide HIE provides the ability to view current information and historical medical records in the HIE.

Timely information to coordinate care – Clinicians are able to access patient health information when, and where it is needed.

Secure communication – The use of the HIE's DirectTrust-certified, HIPAA-compliant secure email system facilitates the easy and secure exchange of patient information between providers, care team members and healthcare facilities.

Using the HIE Portal

HIE Portal

Secure online access to a consolidated patient record, including specialized view of SMI patient crisis data

- Includes all treating physical care providers. Can include behavioral health services with patient consent.
- Individualized – one patient at a time
- Used by care managers & clinicians to identify the complete patient history for care coordination, transitions of care, changes, etc.
- Can use 36-month period for population health activities (risk stratification, outreach campaigns, etc.)

Data Available (varies by data source)

- Demographics
- Encounters (Inpatient/ED/Outpatient)
- Results (Lab/Rad/Trans)
- Allergies/Adverse Reactions
- Medications/Prescriptions
- Conditions (Diagnosis/Problems)
- Procedures/Treatments
- Immunizations
- Vital Signs
- Advance Directives
- Payers
- Family History
- Social History
- Clinical Documents
 - Discharge Summary
 - CCD/CCDA
 - Emergency Room Report
 - Encounter Summary
 - Progress Notes
 - Transition of Care/Referral Summary
 - History & Physical Report
 - Operative Note
 - Consultation Note
 - BH Court Orders

Finding Visits, Hospitalizations & Clinical Lab Results

healthcurrent Steinken, Peter (psteinken)

Summary 5 of 6 Search Results Views Filter Actions

More Patient Information

Encounters (8)

AMB (2) ER (1) IN (0) OTHER (5)

Admission Type	Date	Source
Emergency	04/04/2019	Dignity Health Mercy Gilbert Medical Center:HL7

Results (19)

Lab (5) Img (0) Trans (1) Path (0) Other (0) Unknown (13)

Name	Date	Source
↓ Uric Acid, Protein, Urine, Random, Normalized, Comprehensive Metabolic Panel, WBC, RBC, Hematocrit, Hemoglobin, Platelet Count, MCV, MCH, MCHC, RDW(cv), MPV, Segmented Neutrophils, Lymphocytes, Monocytes, Absolute Neutrophil, Absolute Lymphocyte, Absolute Monocyte, Absolute Eosinophil, Absolute Basophil, Eosinophils, Basophils, RDW(sd), NRBC RE, Nucleated Red Blood Cell Percent, Immature Granulocytes, Absolute Immature Granulocytes	06/30/2020	Sonora Quest Lab
↑ Pregnancy, Qualitative	12/16/2019	Sonora Quest Lab
HPV mRNA w/Rfx Genotype 16, 18/45, 799, TP Pap Panel	01/17/2019	Sonora Quest Lab
Lipid Panel, TSH with Reflex Free T4, WBC, RBC, Hematocrit, Hemoglobin, Platelet Count, MCV, MCH, MCHC, RDW(cv), MPV, Segmented Neutrophils, Lymphocytes, Monocytes, Absolute Neutrophil, Absolute Lymphocyte, Absolute Monocyte, Absolute Eosinophil, Absolute Basophil, Eosinophils, Basophils, RDW(sd), Immature Granulocytes, Absolute Immature Granulocytes	10/04/2016	Sonora Quest Lab
↑ HPV mRNA, 799, TP Pap Panel	10/04/2016	Sonora Quest Lab

Medications (4)

Name	Dose	Source
Prenatal Multivitamin	1.0	Dignity Health Chandler Regional Medical Center:HL7

Prescriptions (4)

Name	Strength	Dosage Form
Prenatal Multivitamin		

Immunizations (4)

Vaccine	Lot Number	Status
No data available for this section		

Conditions (37)

Problems (31) Diagnoses (6)

Title	Alternate	Source
Patient currently pregnant (finding)		Dignity Health Chandler (22)

External Documents (1)

Document Name	Creation Date	Data Source
Transition of Care/Referral Summary	07/31/2020	Dignity Health Chandler

Hospital Inpatient, Emergency, and Ambulatory Encounters easy to search within the HIE portal, along with corresponding Lab / Rad Results and Transcribed Reports

Using HIE Alerts

Patient Alerts

Event-driven notifications triggered by admissions, discharges, registrations and clinical/laboratory results

- Notification that an identified event has happened to a member of a pre-defined population (e.g. high needs patients, chronic care panels, SMI, condition-specific panels)
- Used by care managers, case managers & clinicians for monitoring care plan activities (e.g. annual labs, needed tests) & utilization of services

Types of Alerts

Admission / Discharge / Transfer (ADT)

- Emergency Department Visits
- Hospital Inpatient Admits
- Outpatient Treatment Visits

Laboratory Results

- By Ordering Provider
- Out of Range Results
- COVID-19 Lab Results/Antibody Tests

Alert Delivery

Real-time Alerts

- Individualized based on identified event
- Immediate care team response, next day coordination of care, follow through on tests ordered

Batch Alerts

- Aggregate reports for all patients experiencing the event or condition being monitored
- Can be trended to monitor performance over time at a team/clinic level

Real-time Alerts sent via Direct Secure Messaging

The screenshot shows a web mail interface with a message list and a detailed view of a selected email. The message list includes:

Subject	Type	Date	Size
Fwd: SFAC: Banner Health Network, PN:	Inpatient Admit	Fri, 6 Oct 2017 02:05	1 KB
Fwd: SFAC: NAH, PN:	Inpatient Discharge	Sun, 26 Mar 2017 11:37	229 KB
Fwd: SFAC: Banner Health Network, PN:	Inpatient Admit	Fri, 6 Oct 2017 02:05	12 KB

The selected email details are as follows:

From: [Redacted] **Date:** 10/06/2017 15:09

Subject: SFAC: Banner Health Network, PN: [Redacted] TYPE: Inpatient Admit, DATE: Fri, 6 Oct 2017 02:05

Date: 10/06/2017 15:03

From: alertinguser@direct.azhcc.org

To: [Redacted]

Attachments: CDA SFAC: Banner Health Networ...

Original Message Content:

PN: [Redacted]
DOB: [Redacted]
SFAC: Banner Health Network
SHRN: , [Redacted]
LOC: 5A,510,2,426,OCCPD
DIAG: N/A
TYPE: Inpatient Admit
MRN: [Redacted]
FAC: UHC
DATE: Fri, 6 Oct 2017 02:05
PCP: [Redacted]
SENT DATE: 2017-10-06 15:03:59 MST

Alert Notification has CDA (or PDF Encounter Summary) attached which contains more clinical data pertinent to that Encounter

Setting Up Alerts for Visits, Hospitalizations & Lab Results

Batch Alerts sent via Direct Secure Messaging or SFTP

Batch Notifications							
Banner Health :		ED Admit			2018-07-18 07:30 AM		
Patient	DOB	Source MRN	PCP	Diagnosis	Facility MRN	Date	Location
[REDACTED]	[REDACTED]	[REDACTED]-BH-Desert Med Ctr	GERALD R SHOCKEY	N/A	[REDACTED]	17-Jul-2018 07:39 AM	N/A
[REDACTED]	[REDACTED]	[REDACTED]-BH-Page Community Hosp	SCOTT D SADLER	N/A	[REDACTED]	17-Jul-2018 10:51 AM	N/A
[REDACTED]	[REDACTED]	[REDACTED]-BH-Boswell Med Ctr	RAMA	N/A	[REDACTED]	17-Jul-2018 12:19 AM	N/A
[REDACTED]	[REDACTED]	[REDACTED]-BH-Page Community Hosp	DAVID	N/A	[REDACTED]	17-Jul-2018 10:43 PM	N/A
Dignity Health Chandler Regional Medical Center :		ED Admit			2018-07-18 07:30 AM		
Patient	DOB	Source MRN	PCP	Diagnosis	Facility MRN	Date	Location
[REDACTED]	[REDACTED]	[REDACTED]	TERESA M AVELA-UWANGUE	N/A	[REDACTED]	17-Jul-2018 09:07 AM	EMERGENCY DEPT[undefined]
HonorHealth Osborn Hospital :		ED Discharge			2018-07-18 07:30 AM		
Patient	DOB	Source MRN	PCP	Diagnosis	Facility MRN	Date	Location
[REDACTED]	[REDACTED]	[REDACTED]-HH-NMH	SUSAN	786.52-Painful respiration R07.89-Other chest pain	[REDACTED]	17-Jul-2018 04:34 AM	SCOTTSDALE OSBORN MEDICAL

Sending Facility, Visit Type, Sending ID, Patient, DOB, Patient ID, PCP, Diagnosis, Date, Time, Location
 Banner Health,ED Admit, [REDACTED] N/A, NO,N/A,11-Jan-2019,07:28 PM,N/A
 Banner Health,ED Discharge, [REDACTED] N/A, NO,N/A,12-Jan-2019,10:40 PM,N/A
 Banner Health,ED Admit, [REDACTED] N/A, NO,N/A,12-Jan-2019,01:24 PM,N/A
 Banner Health,ED Discharge, [REDACTED] N/A, BLANK,N/A,12-Jan-2019,03:16 PM,N/A



PENDLETON
PEDIATRICS



Community Provider

HIE Testimonial

“The HIE is a huge part of our daily work, we use it all the time. We receive patient alerts from Health Current and task them out to the appropriate providers. All of our physicians and medical assistants **prepare for each appointment** early in the morning—or sometimes the night before—by **looking up the patient’s information** through the HIE portal.”

- Jodi Brigola, Practice Manager, Pendleton Pediatrics

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HIE Testimonial

“The connection with the HIE has shown a **big improvement on patient care**. Being able to see what exactly is going on the ED is huge. We are learning how we can close gaps in care and improve utilization. We are able identify the frequent users and then develop strategies to intervene, so they are using the ED more appropriately.”

- **Jessica Gleeson**, *Population Health Administrator*,
Community Health Associates

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Additional HIE Services

- **EHR Integration**
Connection built to practice/organization's EHR to allow for seamless transfer of information between provider and healthcare community.
- **CSPMP & HIE Integration**
Access via the HIE Portal to Arizona's controlled substance prescription monitoring program (CSPMP) to meet prescriber mandate; providers must register with the Arizona State Board of Pharmacy; doesn't include access by prescriber delegates
- **Patient Centered Data Home™ (PCDH)**
ADT alerts and follow-up information exchange with other US based HIEs; 47 participating HIEs nationwide with 16 currently exchanging data with Health Current

NOTE: Health Current is in the process of updating its HIE platform to the newest version, this new platform provides more capabilities, enhance data exchange functionality and a more comprehensive view of patient data via the Portal.

HIE Onboarding Program

- **No Participation Fees for Community Providers**
- AHCCCS pays the HIE to onboard its key Hospitals, FQHCs, FQHC-LA, RHCs and provider practices

Current Program

- Eligibility – Registered Medicaid Providers seeing Medicaid patients
- Requirements – Connect bi-directionally to the HIE, Health Current Gateway satisfies this requirement
- Subsidy – Set subsidy, based upon type of entity
 - Hospitals - \$20,000
 - FQHCs, FQHC-LA, RHCs - \$10,000
 - Practices (25+ providers) - \$10,000
 - Practices (1-25 providers) - \$5,000





Becoming a HIE Participant

Steps to Participate

1. Initial contact with Health Current Recruitment Department
2. Introductory phone call to be scheduled with potential participant
3. Identify applicable Health Current programs for potential participant
4. Participation Agreement and Amendment; sent, signed, and returned
5. HIE Account Manager assigned and the service planning kickoff meeting held
6. Services initiated

Ready to Get Started?

Contact Health Current to ensure you are connected soon!

- Jayme Piña, Recruitment Manager, jayme.pina@healthcurrent.org, or 602-688-7216

Encourage your provider networks to participate

- Provide contacts for network partners to Health Current
- <https://healthcurrent.org/hie/interest-form/>

Get engaged

- Provide input for future services and opportunities
- Send us your ideas or set-up a time to meet

Stay informed

- Receive Health Current Updates, subscribe at www.healthcurrent.org
- Follow us on social media

Questions

Jayme Piña,
Manager, Recruitment and Engagement

jayme.pina@healthcurrent.org

www.healthcurrent.org

602-688-7216

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Plan Updates

Chris Masiello
Provider Relations and
Contracting Specialist II



- The Centene / Wellcare merger was completed on January 23, 2020

- For now,
 - You should continue to treat member from each health plan as you do under your current contract(s).

 - Your existing provider support channels will remain in place. Also, your patients' current Member ID cards will remain valid.

 - We will communicate any relevant changes in health plan operation to you well in advance.

Our New Physical Address

**1870 W. Rio Salado Parkway
Tempe, AZ 85281**

The main entrance and visitor parking for the 3-story 1870 building are located in the back of the building – on the north side by the canal.

NOTE: This is only a physical address change. Please continue to mail claims to Tampa, FL

- Network Management Representatives – Central Region
 - Central Valley – Gail Garrison ggarriso@care1staz.com
 - Northwest Valley – John Schneider john.schneider@care1staz.com
 - South Valley – Christopher Masiello cmasiell@care1staz.com
 - Southeast Valley – Steve Bigman sbigman@care1staz.com
 - Southwest Valley – Alethea Ortega amortega@care1staz.com
 - Northeast Valley – Christine Hawkins chawkin2@care1staz.com
 - Gila / Pinal Counties – Currently covered by Lorita Smith, Chris Masiello, and Steve Bigman

- The following counties have a Network Management Representatives assigned
 - Mohave – Currently covered by Dale Wilson
 - Graham / Greenlee / Cochise covered by John Schneider
 - Apache / Coconino / Navajo – Deborah Parker dparker4@care1staz.com
 - Yavapai – Dale Wilson dhwilson@care1staz.com
 - Pima – Lorita Smith lsmith@care1staz.com

Note: If you do not know who your Network representative is, contact (866) 560-4042, Option 5, then option 7. Territories are generally assigned according to the Primary Office Location and/or Administrative Office Location.

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 <https://www.care1staz.com/az/providers/frequentlyusedforms.asp>
 - Address, telephone or fax number changes
- Send notification by fax to (602) 778-1875 or by email to sm_az_pno@care1staz.com and copy your Network Management Representative.

Credentialing

- Start with the CAQH website, ensuring your practitioner profile is current, and all relevant documents are uploaded. Also, please ensure that Care1st is authorized to view the provider application.
 - To access the CAQH Website please visit: <https://proview.caqh.org/login>
 - CAQH documents that will be required: medical license, DEA license, COI, certifications etc.
 - If an adverse action is present you must include a detailed explanation/legal documentation for the Credentialing Committee to consider
 - If a gap in practice is present you must include a detailed explanation for the Credentialing Committee to consider

NOTE: If the CAQH application is not current, our CVO will return the application to the health plan as incomplete. This will stop the credentialing process.

Credentialing (Cont'd)

- Complete all pages of the relevant AzAHP form, found on our website <https://www.care1staz.com/az/providers/frequentlyusedforms.asp>

- Types Of Forms
 - AzAHP Practitioner form
 - AzAHP Organizational form
 - AzAHP Facility form
 - These forms work for all AHCCCS plans

- REMEMBER – This is the data that will be loaded in the claims system, so it must be accurate

Credentialing (Cont'd)

- Send the completed AzAHP form to the Network Management mail box at sm_az_pno@care1staz.com
Or fax the forms to (602) 778-1875
- As a reminder, a clinician will not be reimbursed for services until they have completed credentialing. Effective dates will not be retroactive.

*** In addition to this presentation you should have received a credentialing FAQ document and a document that outlines our credentialing timelines.

Credentialing (Cont'd)

- The request is added to the Network Management database and forwarded to Credentialing Department
- 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

For the latest news on Care1st Health Plan of Arizona, go to:

https://care1staz.com/az/providers/network_overview.asp

Click on Blast Faxes for details on ongoing updates to Prior Auth, Specialty Pharmacy, Formulary, Billing, Etc.



Welcome Providers

We're transitioning to Centene Corporation! In January, 2020, Care1st and WellCare Health Plans was acquired by Centene Corporation. You play a very important role in the delivery of health care services to our members. We are committed to working closely with you. We continually strive to remove administrative barriers, so that you can focus on caring for our members.

Medical administration including: Customer Services, Prior Authorization, Claims, Network Management, Case Management, Disease Management, Concurrent Review, Quality Improvement and Behavioral Health will continue to be housed together in Phoenix, fostering close communication and coordination between all areas.

We look forward to partnering with you to achieve better outcomes and to increase patient satisfaction and access to preventative care.

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

Communication is essential to a successful partnership. Our Network Management Team is available to answer questions and resolve issues. Once contracted with us, a Network Management Representative will be assigned to you. Your representative serves as your primary Care1st/WellCare point of contact and is focused on working with you and your staff.

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Provider Blast Faxes

2020

- ▶ [09/04/2020 - 2020-21 FLU SEASON RECOMMENDATIONS AMID COVID-19](#)
- ▶ [09/02/2020 - PROVIDER FORUM NOTIFICATION & INVITATION - SEPTEMBER 29, 2020](#)
- ▶ [09/01/2020 - AHCCCS UPDATE: MINIMUM SUBCONTRACT PROVISIONS](#)
- ▶ [08/31/2020 - BILLERS' CORNER - CORRECTED CLAIM/ RESUBMISSION REQUIREMENT REMINDER](#)
- ▶ [08/31/2020 - CARE1ST/WELLCARE PHYSICAL ADDRESS CHANGE EFFECTIVE 10/01/2020](#)
- ▶ [08/20/2020 - FORMULARY UPDATES EFFECTIVE 10/01/2020](#)
- ▶ [08/18/2020 - INCREASING COLORECTAL CANCER SCREENING AMIDST COVID-19: FLUFIT PROGRAM IMPLEMENTATION AND BEST PRACTICES](#)
- ▶ [08/14/2020 - AHCCCS PROVIDER ENROLLMENT PORTAL \(APEP\) LAUNCHES AUGUST 31](#)

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Provider Manual

Click on the appropriate section title below to view and/or print the contents of a particular section or view the [entire manual PDF](#)

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- ▶ Arizona Health Care Cost Containment System (AHCCCS)
- ▶ Hearing Impaired
- ▶ Translation Services

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Care1st Main Website



Care1st Health Plan Arizona

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We're transitioning to WellCare Health Plans! in October 2016, the company behind Care1st and ONECare was acquired by WellCare Health Plans Inc. As a result, we will be transitioning to a new Provider Portal beginning with 2019 ONECare plans.

Please use Wellcare's secure [Provider portal](#) to access 2019 ONECare plans.

You may continue to use this portal to access **2018 Care1st and ONECare plans.**

Provider Login

Username

Password

Passwords are case sensitive

[TERMS OF USE ; DISCLAIMER](#)

I have read and understood the Terms of Use

Not registered? [Click here to Request Access.](#)

- Care1st is required to confirm providers are meeting AHCCCS appointment availability standards for Routine and Urgent appointments for Primary Care, Specialist, Behavioral Health providers.
- Care1st shall also review the availability of Routine and Urgent appointments for Maternity Care providers relating to the first, second, and third trimesters, as well as high risk pregnancies.
- A Care1st Network Management Representative will stop by periodically or call your practice and ask about your Appointment Availability.
- Your appointment availability information should be readily available to the Representative at the time of asking. Please ensure that your front office staff is knowledgeable on how to determine your availability to see Care1st members.

Appointment Availability

PCP	<ul style="list-style-type: none">• Urgent – within 2 business days of request• Routine – within 21 calendar days of request
Specialty & Dental Specialty	<ul style="list-style-type: none">• Urgent – within 2 business days of request• Routine – within 21 calendar days of referral
Maternity Care	<ul style="list-style-type: none">• First Trimester – within 14 calendar days of request• Second Trimester – within 7 calendar days of request• Third Trimester – within 3 business days of request• High Risk – within 3 business days of identification of high risk or immediate if emergency exists
Behavioral Health Appointments	<ul style="list-style-type: none">• Immediate Need – within 24hrs of identification of need• Routine<ul style="list-style-type: none">○ Initial Assessment – within 7 calendar days of referral or request○ First follow up after Initial Assessment<ul style="list-style-type: none">▪ <18yo - within 21 calendar days▪ >18yo – within 23 calendar days○ Subsequent BH services – within 45 calendar days of referral or request
Referrals for Psychotropic Medications	<ul style="list-style-type: none">• Assess the urgency of the need, immediately<ul style="list-style-type: none">○ Provide an appointment with a BH professional within 30 days of identification of need, or sooner as the condition requires



The AHCCCS Administration is proposing changes to the FFS rates to assure that payments are consistent with efficiency, economy, and quality of care and are sufficient to enlist enough providers so that care and services are available at least to the extent that such care and services are available to the general population in the geographic area.

AHCCCS has implemented a 10% rate increase to these series of codes effective 09-01-2020:

90756	90694	90688	90686	90685	90682	90674	90672
90653	90630	90655	90656	90657	90658	90660	90662
90673	90687	90689	Q2034	90471	90472	90473	90474
90460	90461						

Please visit the AHCCCS website link for the full notification

<https://www.azahcccs.gov/AHCCCS/Downloads/PublicNotices/rates/FluVaccinePublicNotice.pdf>

AHCCCS E.V.V.

ELECTRONIC VISIT VERIFICATION

- AHCCCS is mandated to implement Electronic Visit Verification (EVV) for non-skilled in-home services (attendant care, personal care, homemaker, habilitation, respite) by January 1, 2020* and for in-home skilled nursing services (home health) by January 1, 2023.
- *AHCCCS has received a one year approval to implement by January 1st, 2021.
- The EVV system, must at a minimum, electronically verify the:
 - Type of service performed
 - Individual receiving the service
 - Date of the service
 - Location of service delivery
 - Individual providing the service
 - Time the service begins and ends

<https://www.azahcccs.gov/AHCCCS/Initiatives/EVV/>

Provider Enrollment Portal (APEP)



As of August 31, 2020, all new providers, as well as existing providers who need to update their accounts, will use the AHCCCS Provider Enrollment Portal (APEP). This online system, available 24/7, streamlines the provider enrollment process and eliminates the need for paper-based applications.

- Enroll as an AHCCCS provider.
- Update information (such phone and addresses).
- Upload and/or update licenses and certifications.

Refer to your Blast Fax that was sent out on August 14, 2020 or the AHCCCS website.

<https://www.azahcccs.gov/PlansProviders/APEP/ProviderEnrollment.html>



Prior Authorization Medical

Barbara Camp, Supervisor, Operations



- **PA Guidelines are found on the Care1st website**

<https://www.care1staz.com/az/PDF/provider/PriorAuthReferenceGrid/2019/PA111119.pdf>

- Prior Authorization Guideline- Provides General Guidelines by Category
- Attachment 1- Detailed Outpatient Procedure Code Authorization Requirements
 - 700+ pages of all CPT codes. Easy to search by using Ctrl F

[Prior Authorization Guidelines](#) PDF

[Attachment 1 – Detailed Outpatient Procedure Code Authorization Requirements](#) PDF

[Change Log for Attachment 1](#) PDF

(Effective 08/01/2020).

To Submit a Prior Authorization Request

- BEST OPTION-
 - Complete Treatment Authorization Request,
 - attach clinical notes,
 - physicians order or referral,
 - and fax to (602) 778-1838

- Call the request in to (602) 778-1800 option 5 then option 6 then option 3

Note: clinical notes and other supporting documentation need to be received before decision can be rendered.

Authorization TAT

- Urgent 72 hours
- Routine 14 days

- Marking a request urgent when it does not meet the above definition, may result in less time to obtain necessary information and render decision.

- A request submitted as urgent must meet AHCCCS definition or it may be downgraded by clinical staff to a routine request.

- Appointment availability does meet the urgent definition.
 - 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.”*

Common Reasons for Receiving a Fax Back:

- Missing Information
 - CPT codes
 - diagnosis 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 be redirected in network
 - Exceptions will be made if there is no contracted providers in the area

- 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

- New and Improved OON process was created to streamline process and stop delay in authorization process
- Arizona Caid Routine Triage Inventory is consistently worked at day 2 and Urgent Triage Inventory is consistently worked at day 1 to ensure quicker response to provider leading to better member care.
- Arizona Caid Routine PA Inventory is consistently worked at or before day 5 and Urgent PA Inventory is consistently worked at day 1 to ensure quicker response to provider leading to better member care.
- Call SLA from January to current is 97% with abandonment rate of <1%.



Medical Claims

Anthony Crooks, Senior Claims Liaison



Top 5 Denial Reasons and Reminders to Reduce Denials:

1. 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

2. Primary Insurance on file-Bill Primary Insurance:

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

3. Provider Not Contracted – Auth Required:

- Refer all laboratory services to Sonora Quest (our exclusive lab)
- Non-contracted providers must obtain authorization for all services
- Contact your Provider Rep promptly to add new providers to the Care1st contract as they join the group

Top 5 Denial Reasons and Reminders to Reduce Denials:

4. Patient Not Eligible on Date of Service:

- Confirm eligibility on AHCCCS online or with Care1st Customer at time of service or prior to claims submission

5. Exceeds Timely Filing Limit:

- Initial claims submissions must be received within 180/6 months, or 60 days from the date on the primary carriers remit, whichever is greater
- Resubmissions must be receive within 12 months of the date of service, or 60 days from the last adverse decision or date on the primary carriers remit, whichever s greater
- **Note** – To avoid timely filing rejections please monitor your rejection reports if you are submitting claims electronically

Resubmission 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)

Covid-19 claims resources are available on the Care1st Website

- Covid-19 information for AHCCCS Providers – Contains information on FAQs, training, resources and plan contact information.
- Covid-19 Telehealth and Delivery – Contains a telehealth FAQ, permanent and temporary telephonic code sets and emergency coding guidance including appropriate modifiers and coding resources to assist with billing
- Covid-19 Healthcare provider FAQ – General information about the virus, CDC criteria and coverage information
- Covid FAQ link https://care1staz.com/az/providers/COVID19_Providers.asp

Outreach and advocacy

Care1st is monitoring denial and covid-19 related codes and diagnosis codes, providing outreach/education as needed, as well as working with AHCCCS on potential issues affecting coverage

Top Codes denied for no authorization

Prior Authorization Guidelines are located on the Care1st website

<https://www.care1staz.com/az/PDF/provider/PriorAuthReferenceGrid/2020/Attachment%201%2020200801.pdf?ver=2020.08.01>

- 76376 – 3D interpretation of MRI or Ultrasound (116)
- 76815 – Maternity Ultrasound - 3rd and subsequent require PA (42)
- 95117 – Immunotherapy for members 21 and older (39)

- **** Reminders**
- Maternity services require prior authorization notification within 30 days of confirmation
- Contact the Care1st Prior Authorization team to add days/units as needed
- Include the authorization number on all claims field 23

Billing Secondary Claims Electronically

- Effective September 2019 Care1st is now accepting secondary claims via EDI

Secondary Claims on Dual Members

- Claims for dual members covered under both Wellcare Liberty and Care1st are automatically crossed over with the exception of the claim types below.
 - Durable Medical Equipment/Orthotics
 - Home Health Care
 - FQHC/RHC
 - MSIC/Integrated Clinic
- Please contact claims customer service on dual claims that have not crossed over prior to resubmitting

Trending encounters rejections from AHCCCS

- Billing place of service 02 on temporary telehealth codes
- FQHC claims being billed without the rendering provider name and NPI in field 19 (loop 2300 NTE) (See attachment)
- Category of service 12 (Laboratory services) not on file with AHCCCS for the rendering provider

Encounter Keys

<https://www.azahcccs.gov/PlansProviders/Downloads/Encounters/Newsletter/2020MayJune.pdf>

- Code C9803 (Hospital Outpatient Specimen collection Covid-19) added to reference files
- Description of modifier UD updated to read Telephonic Health Services
- Modifier UD added to multiple codes. Examples: 96130-96139, 97110, 97802
- Updates to place of service added to multiple codes in RF115

Partnership and Internal Resources

- Weekly high volume Denial Report
- Denial Trend Denials (JOC, High Volume)
- On demand AZClaimsLiaisons@Care1stAZ.com
- Customer service and audit trending
- Billing and Utilization Workgroups
- Behavioral Health Work Group
- Weekly System Implementation Workgroup

AHCCCS Resources

- Claims Clues
- <https://www.azahcccs.gov/PlansProviders/Downloads/ClaimsClues/2020/ClaimsCluesJulyAugust2020.pdf>
 - Covid 19 FAQ and resources
 - LARC (Long Acting Reversible Contraceptives)
 - Telehealth Services
 - Update to APEP launch date (Provider Enrollment Portal)



Pharmacy Updates

Angela Balascak
Pharmacy Director

Electronic Prior Authorization or e-PA is now available for all providers and lines of business
(Care1st and Wellcare) through

The logo for CoverMyMeds, with "cover" in orange, "my" in pink, and "meds" in orange, followed by a registered trademark symbol (®).

The landing page for all Wellcare/Care1st requests is located at:
<https://www.covermyeds.com/main/prior-authorization-forms/wellcare/>

The ePA platform is designed to more quickly effectuate PA requests, reduce the provider burden and improve the access to medications for our members.

WHY does Care1st have a Limited Specialty Network ?

- All of our Limited Specialty Network Pharmacies are accredited in Specialty Pharmacy and are better able to assist our members with disease management, specialty handling and administration and adherence.

WHAT Specialty Pharmacies are included in the Network?



- Exactus Pharmacy Solutions
 - Acaria Health (NEW)
- CVS Caremark Specialty Pharmacy



WHERE do I find more information?

- Complete list of Limited Specialty Pharmacies and contact information as well as the medications included in the Network are located:
https://azonline.care1staz.com/az/provider_area_ph_inc

Synagis is now manufactured by Sobi pharmaceuticals

- Synagis is only available through select Specialty Pharmacies: all Care1st Specialty Pharmacies have access to Synagis

NEW for 2020/2021:

Synagis will need to be provided by providers in the office setting

- Synagis specific Prior Authorization form will be updated on the Care1st website in the next couple of weeks (Synagis season is generally November through April)
- Once the PA has been reviewed, the complete 5 doses will be approved for use
- Send Prescription for Synagis to one of our Limited Specialty Network Pharmacies for your specific patients and have the RX delivered to the provider office for administration

Further details will be forthcoming through Provider Blast Fax.

- The Patient Protection and Affordable Care Act (ACA) and the 21st Century Cures Act (Cures) require that all health care providers who provide services to, order (refer), prescribe, or certify health care services for AHCCCS members must be enrolled as an AHCCCS provider.
- AHCCCS is implementing and enforcing this requirement on 1/1/2021



**DON'T BE THE WEAK LINK
IN THE CLAIM**



R.O.P.A.

Referring, Ordering,
Prescribing, Attending

Impact for pharmacy Claims:

- All pharmacy claims will reject if the physician prescribing is not AHCCCS registered – this will include new and refill prescriptions
- All pharmacists that are immunizers will need to ensure they are licensed as immunizers with the Arizona Board of Pharmacy to administer vaccines



Quality Improvement

Maritza Jimenez, Quality Improvement Project Manager



Important VFC and ASIIS Information

- The 2020 VFC re-enrollment period ended for 2020.
- Due to COVID, VFC worked with providers who were not able to meet the final enrollment deadline.
- VFC is currently working with providers who had outstanding portions of their applications for 2020.
- Per AHCCCS guidelines, providers must be enrolled with VFC in order to be assigned members under 19 years old.

- All vaccines given to members/patients under 19 years old need to be entered in ASIIS.
- Providers are responsible for using ASIIS to account for all doses of VFC vaccine shipped to them.
- When doses are not linked to a VFC eligible patient in ASIIS, the VFC Office looks at the missing data to determine VFC vaccine wastage and may hold a provider responsible for replacing “wasted” VFC doses with privately purchased doses at the provider’s expense.

- The restitution policy is outlined in the VFC Operations Guide online.
<https://azdhs.gov/documents/preparedness/epidemiology-disease-control/immunization/vaccines-for-children/exhibits/operations-guide.pdf>

- Please contact the Arizona Immunization Program Office (AIPO)/VFC with any questions:
 - ArizonaVFC@azdhs.gov
 - (602) 364-3642

- AIPO/VFC staff can assist in setting up an appointment for further clarification/assistance as needed.

2020-2021 Flu Season Recommendations Amid COVID-19

- The CDC's Advisory Committee on Immunization Practices shared updated influenza vaccine recommendations for the 2020-21 season in late August, recommending that health care providers ***offer flu shots to everyone 6 months and older with no contraindications by the end of October.***
- These recommendations also include information on two new vaccines designed to achieve a stronger immune response in people 65 and over.
- Care1st is urging all PCPs to strive to meet the October target, since *this year's 2020–21 influenza season will coincide with the continued or recurrent circulation of SARS-CoV-2 (causing COVID-19).** *Influenza vaccination given to persons aged ≥6 months will reduce symptoms that may be confused with those of COVID-19.*

- Prevention of and reduction in the severity of influenza illness through vaccination also could alleviate stress on the Arizona health care system if COVID-19 re-emerges in another wave this winter.
- Care1st will be reaching out to members to encourage them to obtain flu shots as soon as possible. Watch for additional communications as more information about our strategies for meeting this challenge becomes available.
- This year Flu vaccines for patients all ages should be entered in ASIIS.

NEW Guidance from AHCCCS

AHCCCS is allowing members aged 3 years and older to obtain flu shots from Care1st-contracted pharmacies, as well as from PCPs.

Performance Measures Results (Quality Measures/Metrics)

CYE18 Performance Measure Results

Table 4-2—CYE 2018 Performance Measure Results—Acute Care Contractors

Performance Measure	Care1st	HCA	HNA	MCP	UFC	UHCCP-Acute	Aggregate
Access to Care							
<i>Annual Dental Visits</i>							
2–20 Years	64.6%	57.0%	48.3%	63.9%	54.0%	61.9%	61.1%
<i>Children and Adolescents' Access to Primary Care Practitioners</i>							
12–24 Months	96.0%	93.1%	92.9%	95.3%	93.8%	94.9%	94.8%
25 Months–6 Years	85.6%	80.2%	81.6%	86.0%	83.5%	84.0%	84.2%
7–11 Years	88.2%	85.2%	81.7%	90.3%	86.9%	88.4%	88.4%
12–19 Years	85.6%	82.7%	80.7%	87.6%	85.8%	86.0%	86.1%
Pediatric Health							
<i>Adolescent Well-Care Visits</i>							
Adolescent Well-Care Visits	45.7%	35.0%	34.3%	43.0%	38.3%	39.5%	40.6%
<i>Well-Child Visits in the First 15 Months of Life</i>							
Six or More Well-Child Visits	67.1%	59.7%	61.0%	65.6%	62.3%	61.1%	61.5%
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>							
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	66.8%	56.0%	59.1%	62.7%	60.4%	61.2%	61.4%
Preventive Screening							
<i>Breast Cancer Screening</i>							
Breast Cancer Screening	51.0%	48.1%	51.7%	57.8%	55.7%	57.6%	54.9%
<i>Cervical Cancer Screening</i>							
Cervical Cancer Screening	53.8%	44.8%	49.3%	54.5%	54.1%	49.4%	50.8%
Utilization							
<i>Ambulatory Care (per 1,000 Member Months)</i>							
ED Visits—Total*	50.6	58.0	51.5	55.9	53.2	54.7	54.8

* For this indicator, a lower rate indicates better performance.

Cells shaded green indicate that the rate met or exceeded the CYE 2018 MPS established by AHCCCS.

- Care1st placed FIRST overall among all the AHCCCS Acute Care Contractors for CYE 2018
- Care1st met and exceeded the Minimum Performance Standard (MPS) in all 4 of the Childhood Standards

CYE 19 vs. CYE 20 Comparison

Measure	MPS	Aug CYE19			August CYE20		
		Total	Central	North	Total	Central	North
AWC	41.00%	35.88%	41.23%	22.81%	31.38%	35.67%	21.79%
W15	62.00%	71.19%	71.27%	25.00%*	62.10%	67.14%	48.52%
W3-6	66.00%	54.42%	59.08%	43.21%	48.93%	52.46%	41.49%
*Only 4 in W15 denominator for CYE19							

- CMS released data that during the COVID-19 public health emergency, **rates for vaccinations, primary, and preventive services among children** in Medicaid and CHIP have **steeply declined**.
- Analysis also revealed that, compared to the same time period in 2019, there was a **significant decline in preventative services for children** between March and May.
- There were **22% fewer vaccinations** received by beneficiaries up to age 2.
- There were **44% fewer child screening services** that assess physical and cognitive development.

- Care1st needs your assistance during this difficult year.
- Providers should try to adhere to the AHCCCS EPSDT Periodicity schedule and the CDC Vaccines schedule as much as possible.
- Care1st is doing outreach to members to educate on the need to still attend PCP visits and receive childhood vaccines during COVID.
- Together we can work on a year end push to gets kids in for their visits and vaccines.



Marketing and Outreach Team

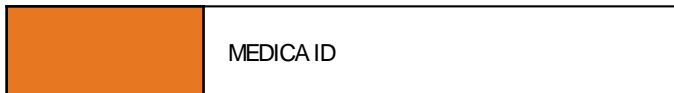
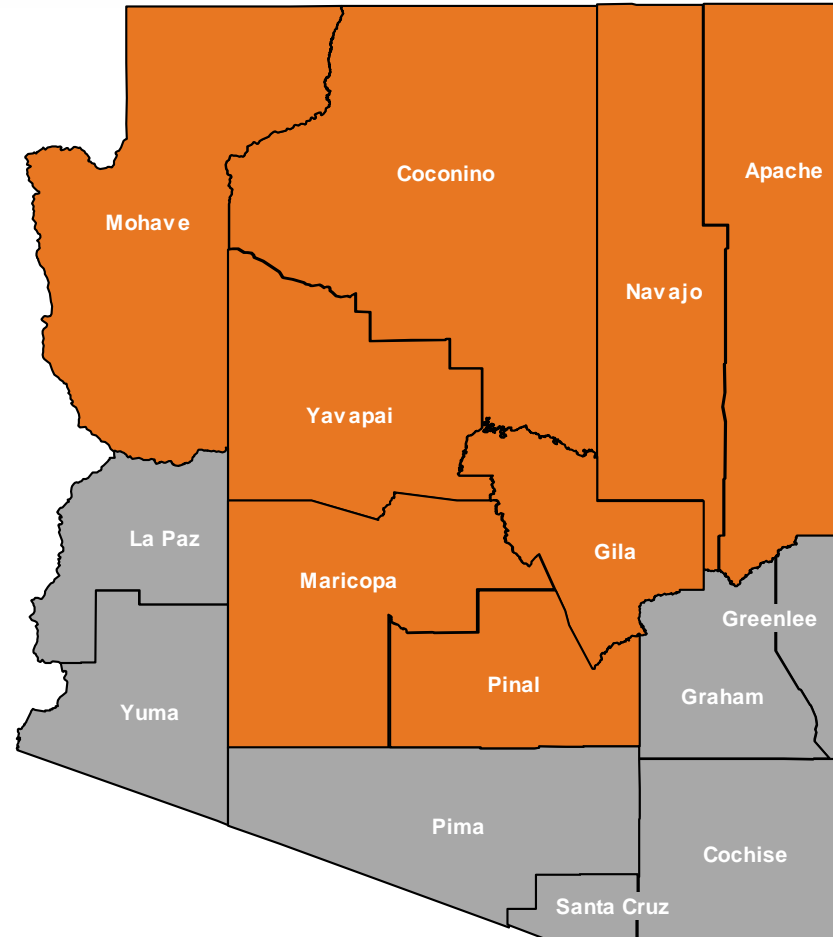
Veronica DeLaO,
Manager,
Community
Relations

Arizona Medicaid (AHCCCS) Presence

Care1st Health Plan Arizona serves approximately 180,000 Medicaid (AHCCCS) members across the state.

Arizona Medicaid (AHCCCS) Presence:

- Offers plans through the Care1st Health Plan Arizona brand
- Serves 179,994 Medicaid (AHCCCS) members
- Plans available in Maricopa, Gila, Pinal, Mohave, Coconino, Apache, Navajo and Yavapai counties



*Service area effective as of July . 1, 2020

The Marketing/Outreach Team:

Veronica De La O, Community Relations Manager, manages Care1st staff and partnership with the Care1st Avondale Resource Center, oversees outreach in Maricopa and Mohave Counties

Justin Harris, Senior Community Relations Specialist, oversees outreach in Coconino and Yavapai Counties

Nathan Updike, Community Relations Specialist, oversees outreach in Navajo, Apache, Gila, and Pinal Counties

Team goal: Establish high level partnerships pursuing business associations that foster establishment of new resource centers in the northern counties. Use pop-up, welcome room model to target rural communities in need of health and human services connecting them to government sponsored health care

- **Care1st Welcome Rooms provide the features of a Resource Center in a neighborhood setting. Care1st partners with community-based organization or a contracted Provider by offering one-on-one assistance to individuals eligible for government-sponsored health care programs, provide health care information and education.**
- **In the fall of 2019 Care1st Health Plan Established its Welcome Rooms Strategy :** the mobile Welcome Rooms offers a location to host an event, the event may include children's reading and literacy, nutrition, and wellness classes, AA/NA meetings, and provide special needs resource navigation. Our Welcome Room strategy in Arizona includes engagement efforts through Promotoras and Community Health Workers, peer and family support specialists and care coordination staff.

Welcome Room Example: September of 2019 Welcome Room took place at the Coalition for Compassion and Justice in Prescott, AZ (CCJ). Care1st Health Plan provided CCJ a sponsorship. 60 Community Members participated.

Partners:

- Coalition for Compassion and Justice (CCJ)
- Northern Arizona Council of Governments (NACOG)
- Area Agency on Aging
- Yavapai County Health Department
- Catholic Charities
- US Vets
- Family Involvement Center
- Yavapai FQHC
- St. Luke's Food Pantry
- Helping Families In Need (HFIN)
- Prescott Public Library
- MATFORCE/Yavapai Reentry Project
- Spectrum Behavioral Health
- Stepping Stones Agencies (Behavioral Health)
- Community Dietician

- October 2019 – Welcome Room held in Flagstaff with Boys and Girls club, 40 community members participated learned about local community resources
- November 2019 – Welcome Room event with the Church Re-Center in Pinetop AZ involving 100 community participants. .Partnered with Summit Health to do sick screenings and Navajo County to provided STD health screenings and other community agencies
- December 2019 – Care1st collaborates with Salvation Army in Flagstaff to provide holiday items for families in need during the holidays
- February 2020 – Care1st participates in White Mountain Food Coalition to assess food inequalities and how to get food to people in need in the area.

- Care1st Health Plan distributed over 15,000 masks, hand sanitizer, head shields, and medical gowns to Provider offices and non-profits in Arizona in need of PPE.
- Host a Welcome Room with Care1st Health Plan to engage your current patients to learn about community resources and get their clinical screenings completed.
- Care1st has marketing dollars to sponsor your community health events or health program initiatives that align with the plan's Community Giving.
- Connect your Provider office to health navigators or assistors to help with current and new members enroll into health care

Arizona Marketing & Outreach Main Contacts



Veronica DeLaO
Community Relations Manager
Care1st Health Plan Arizona
1870 W. Rio Salado
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Veronica De La O: Mohave and Maricopa
Justin Harris: Coconino and Yavapai
Nathan Updike: Navajo, Apache, and Maricopa



**Office of Individual
& Family Affairs
aka “OIFA”**

Deb Jorgensen

**Manager,
Individual &
Family Affairs**

It is our responsibility as OIFA and as a Health Plan to support recovery specific to each member's / family member's unique needs.

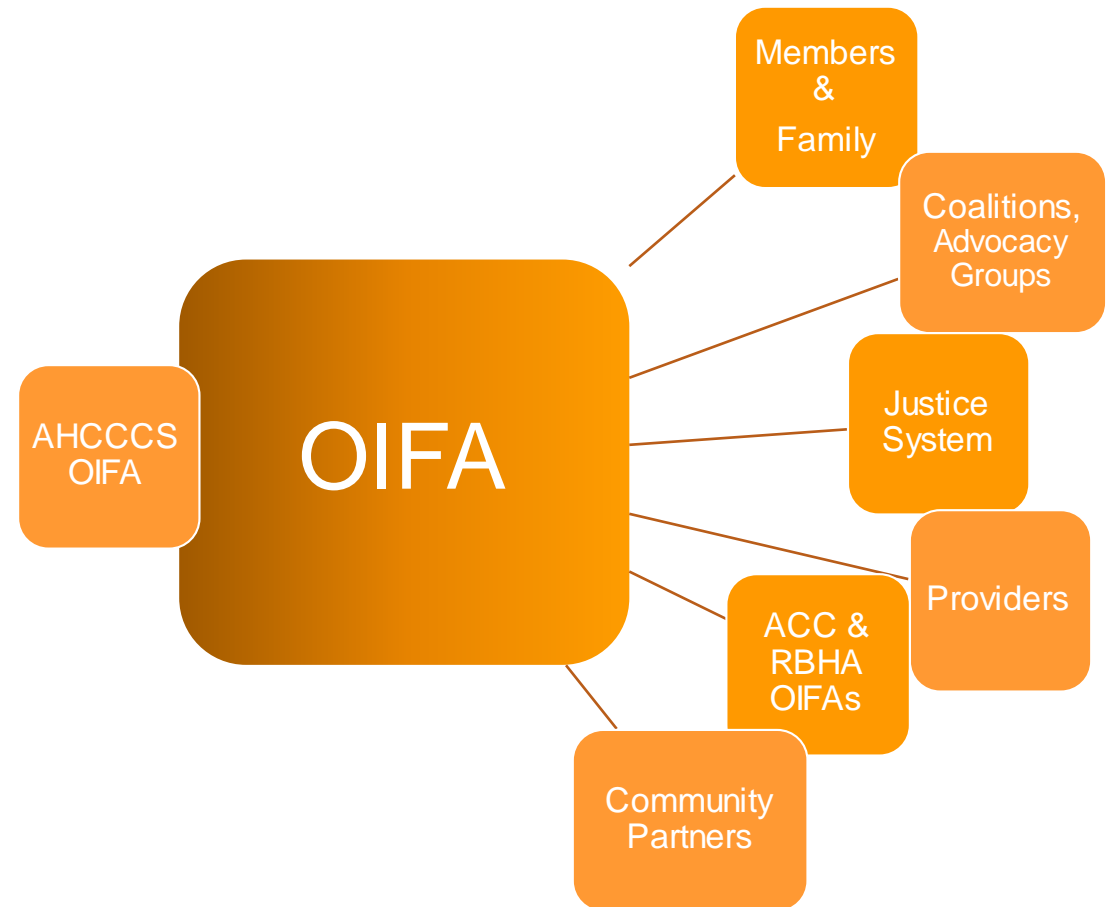
- Ensure member and family voice at all levels of our system
- Work closely with OIFA AHCCCS and all ACC/RBHA OIFA Administrators
- Coordinate advisory councils
- Train and place members and family members on internal committees
- Advocacy
- Oversight, strategic planning, and technical assistance for Peer Support and Family Support services

Recovery is possible for everyone!

Interdepartmental Connections



Community Relationships



Overview:

COVID-19 provider survey is in response to initial feedback from provider administration, provider staff, members, and families about how changes in service provision, the workplace, and life itself during pandemic precautions affected the delivery of health care

Goal:

Informed decision-making at the ACC Plan level

Purpose of Survey:

- This provider survey is designed to clarify and further level-set previous feedback

Topics covered in Survey:

- Telehealth
- Member employment
- Member evictions
- Transportation
- Covid-19 case reporting: staff/members
- Provider satisfaction with Plan response to pandemic

Deb Jorgensen
Manager, Individual & Family Affairs

phone: 480 205-2305
djorgens@care1staz.com

or
oifa@care1staz.com

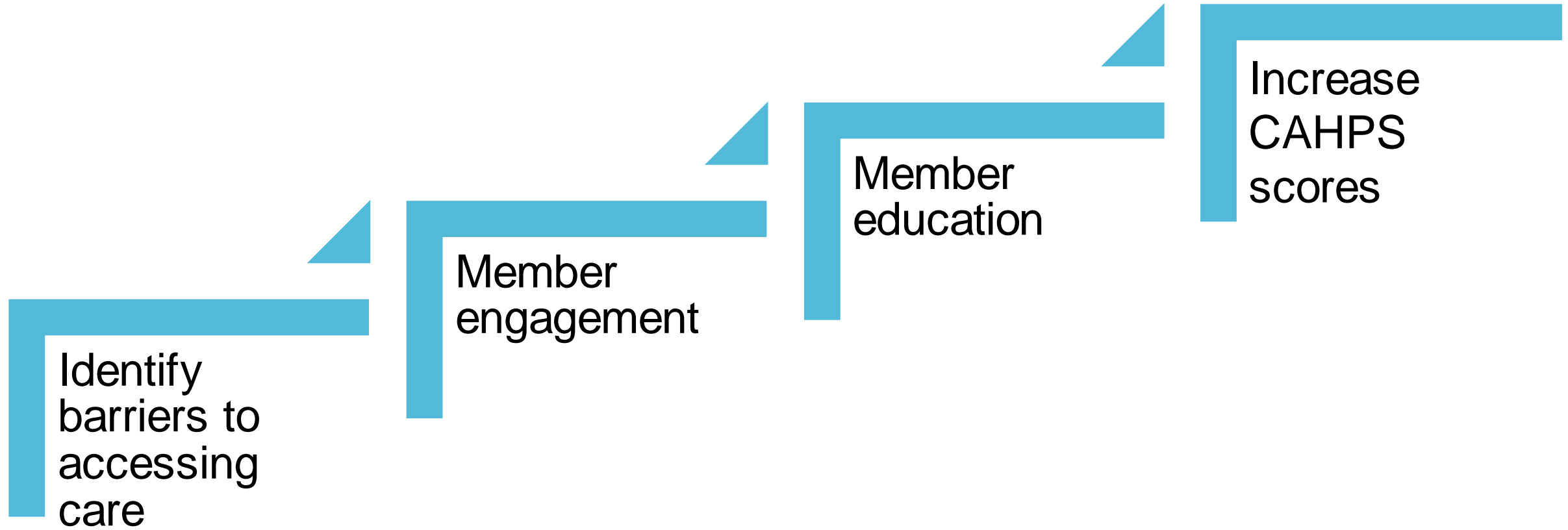
Chris “Link” Duarte,
Sr. Behavioral Health Advocate

phone: 480 265-5338
cduarte@care1staz.com



Advocacy Department Updates

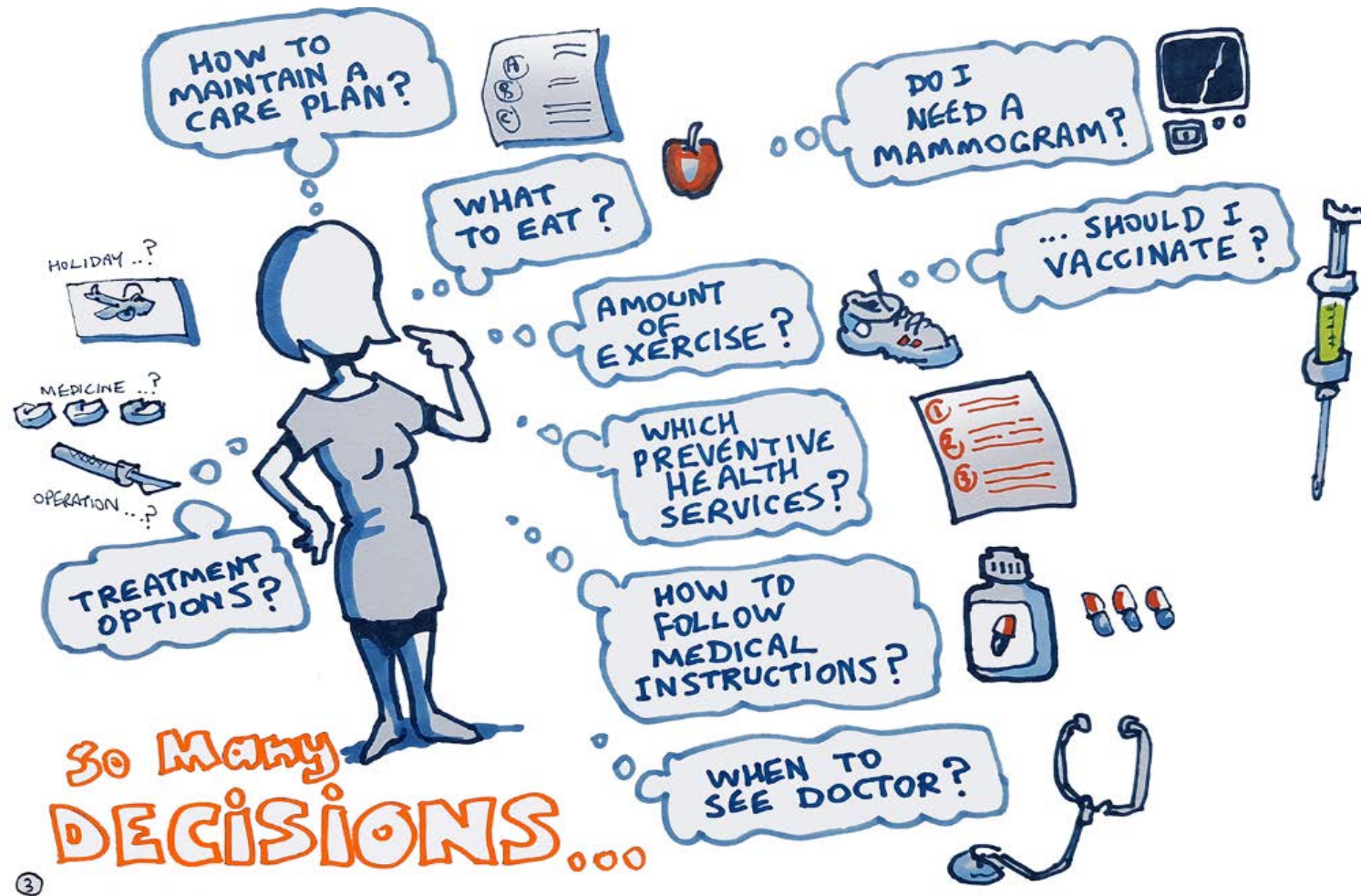
G'Kyshia Hughes,
Senior Member Advocate





Health Literacy and Member Education

The degree to which an individual has the capacity to obtain, communicate, process and understand basic health information and services to make the appropriate health decisions.



Every time you talk with a health care provider
Ask these 3 questions

Ask
Good Questions
for Your Good Health Me3

1

What is my main
problem?

2

What do I need to
do?

3

Why is it
important for me
to do this?



STEPS to Better Health



**Your Roadmap to
Better Health and
a Better You!**

1. Put Your Health First.
2. Understand Your Health Coverage.
3. Know Where To Go For Care.
4. Find A Provider.
5. Make An Appointment.
6. Be Prepared For Your First Visit.
7. Decide If The Provider Is Right For You.
8. After Your Appointment.

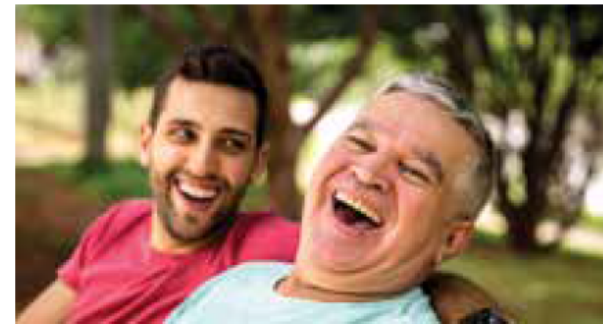
We Provide Transportation to Your Medical Appointment

Care1st Health Plan Arizona (Care1st) and Medical Transportation Brokerage of Arizona (MTBA) offer medically necessary non-emergency transportation to help Care1st members get to medical appointments. Before asking for help, the member should:

- Try to use your own car.
- Use public transportation.
- Arrange a ride with a friend or family member.

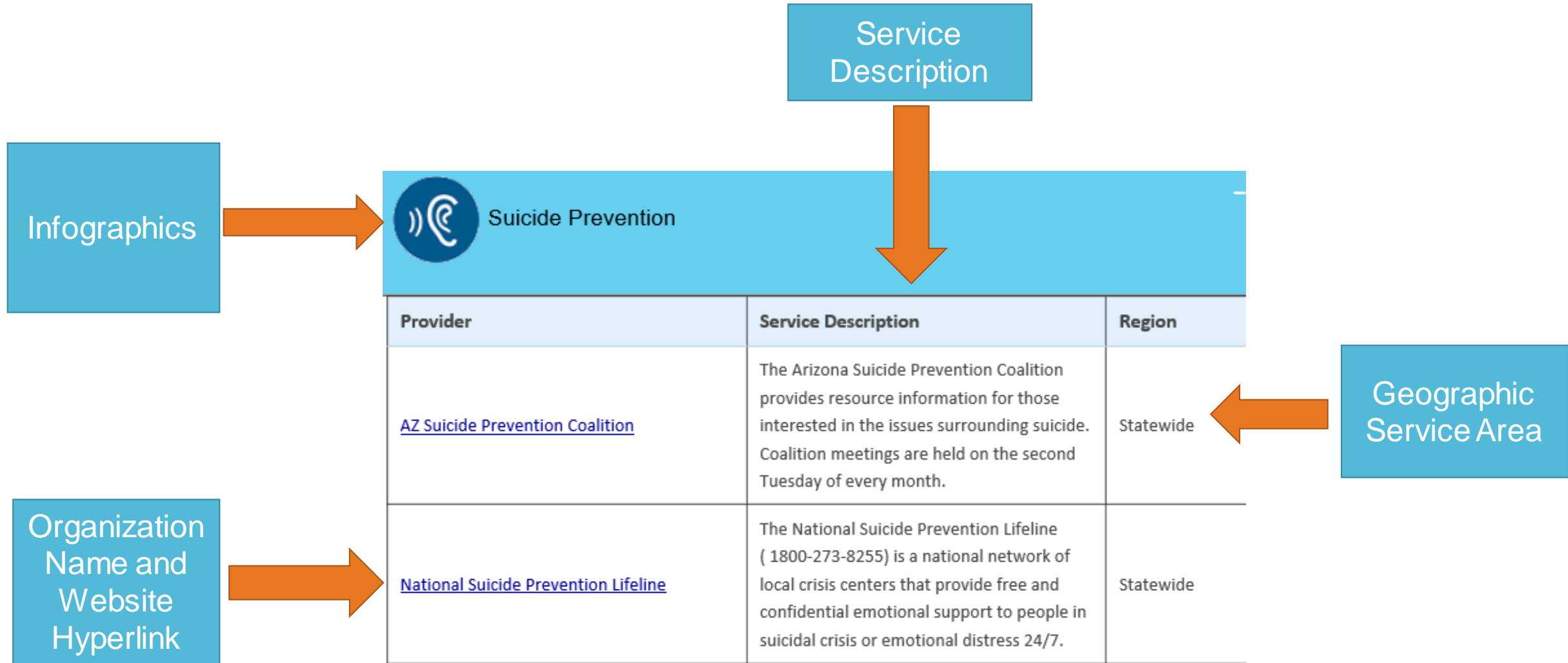
To ask for transportation

- 1** Call MTBA three days before your appointment at **1-866-560-4042**, options 4, then 3. Please call Monday-Friday from 8 a.m. to 5 p.m., except on holidays.
- 2** When you hear the next greeting from MTBA, select option 2.



Plans for the website

- Increase health literacy and readability.
 - White space.
 - Icons to denote content.
- Promote Community Connections Help Line.
- Provide service descriptions.
- Add resources to address social determinants of health.





Member Advocacy Council Recruitment

CARE1ST
HEALTH PLAN ARIZONA

Purpose

- To provide guidance and communicate member, family and stakeholder feedback to Care1st leadership.

Objectives

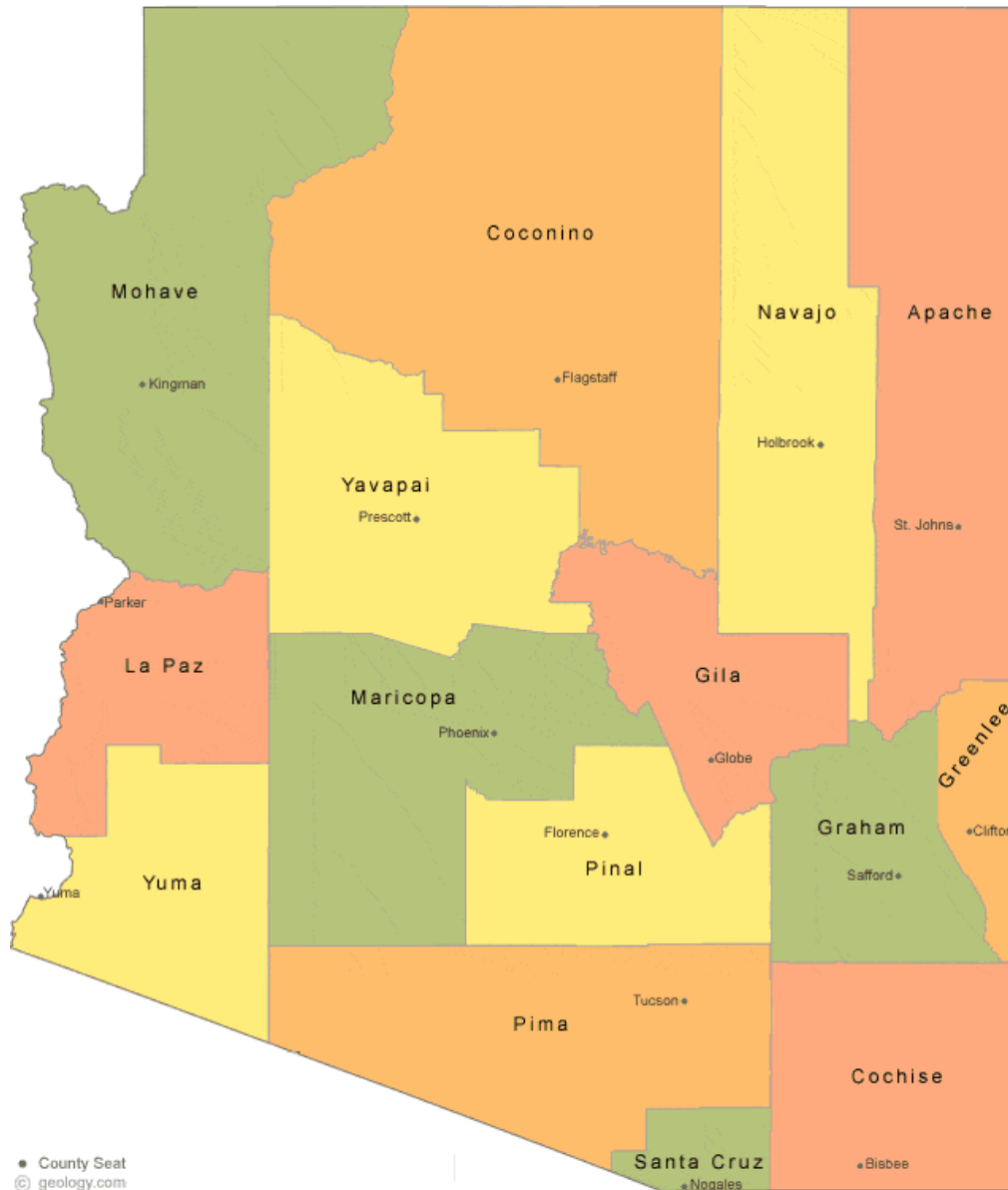
- Increase member and family voice in the areas of leadership, service delivery and decision-making.
- Advocate for programs and services supportive of members and families.
- Collaborate with members, families, and stakeholders to identify concerns and remove barriers that affect service delivery, service coordination and member satisfaction.

Recruitment Strategies

- Tailored outreach letter and MAC recruitment flyer.
- Targeted outreach at social service agencies.
- Increased presence at community events.
- Warm referrals from internal Care1st departments and contracted providers.



Member Advocacy Council Recruitment: Northern MAC Considerations



One in each county

Monthly vs. Quarterly

Stipend

Locations:

- Apache – St. John
- Coconino - Flagstaff
- Mohave - Kingman
- Navajo – Show Low
- Yavapai - Prescott



Bring one person with you to the December MAC meeting.

- Care1st members.
- Parents or family members.
- Community members.

Member Advocacy Team Contacts



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Director, Advocacy

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602-778-8377



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Care Management and COVID
Dee Reny,
Director of Medical Management



Phase 1 (March): Care Managers began a targeted COVID outreach call campaign to highest risk members

- Transplant, Cancer, Dialysis, Immune Compromised
- Utilized new COVID assessment/tool to ensure contingency plan in place

Phase 2 (April): Began acquiring COVID + test results

- Use of HIE platform to capture COVID test results
- Began assignment of 100% members testing positive for Care Management
- Focus of educating and ensuring contingency plans which includes provider appts

Phase 3 (June): Rapid rise in cases shifted focus on highest risk members

- All members being discharged from hospital receive outreach from Care Coordination team with referral for Care Management as appropriate
- Continue to share Community Resources/Information shared by Community Connections & Member Advocacy Team's

July-current:

- Continue outreach to highest risk members
- Extended focus to Flu and educating members
- Mask Distribution and education on the AHCCCS gift card for obtaining vaccine



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A WellCare Company

Trauma Informed Care
Mark Shen, Director of Behavioral Health

CARE1ST
HEALTH PLAN ARIZONA

- What is Trauma? What is Adversity?
- What is Trauma Informed Care? How to provide Trauma Informed Services.
- How does Trauma/Adversity impact one's health and wellbeing?
- How can you assess/screen for trauma symptoms and/or disorders?
- What to do if a member is in need of trauma services?

Background: Recent clinical literature has changed how we view trauma. Currently, what used to be referred to as “traumatic events” has been broken down into 2 parts:

- Adversity – the actual event/situation/experience that impacts the individual
 - Examples: Loss of a loved one, domestic violence, bullying, extreme poverty, historical trauma

- Trauma – The impact an event or situation has on an individual’s overall health (Physical, mental, emotional).
 - One’s perception of the experiences as being frightening, harmful, and/or threatening.
 - Related symptoms: Negative emotions, physiological or physical reactions

Trauma informed practitioners hold the following assumptions:

1. Trauma/Adversity is self defined – What is traumatic/adverse to one may not be to another

- We can never discount an individuals perspective on what they consider to be traumatic and adverse.

TO EACH THEIR OWN!

2. Trauma and Adversity can impact so many aspects of one's health: physical, mental, and emotional

- Heightened stress response, anxiety, chronic pain
- Irrational and self defeating cognitions: Weak, vulnerable, defective
- Issues with Emotion regulation: based on both brain and body mechanisms (i.e. underdeveloped frontal lobe, over-reactive sympathetic nervous system)

3. Trauma/Adversity are real to the individual:

Our job is not necessarily to uncover the truth.
Instead, it is to determine what can be done to help diminish their symptoms.

4. We need to ask the right question:

Do not ask, “What is wrong with you?”

Instead, ask, “What happened to you?” or “What did not happen for you?”

The Five Principles of Trauma Informed Care

Safety



Ensuring physical and emotional safety

Choice



Individual has choice and control

Collaboration



Definitions

Making decisions with the individual and sharing power

Trustworthiness



Task clarity, consistency, and Interpersonal Boundaries

Empowerment



Prioritizing empowerment and skill building

Principles in Practice

Common areas are welcoming and privacy is respected

Individuals are provided a clear and appropriate message about their rights and responsibilities

Individuals are provided a significant role in planning and evaluating services

Respectful and professional boundaries are maintained

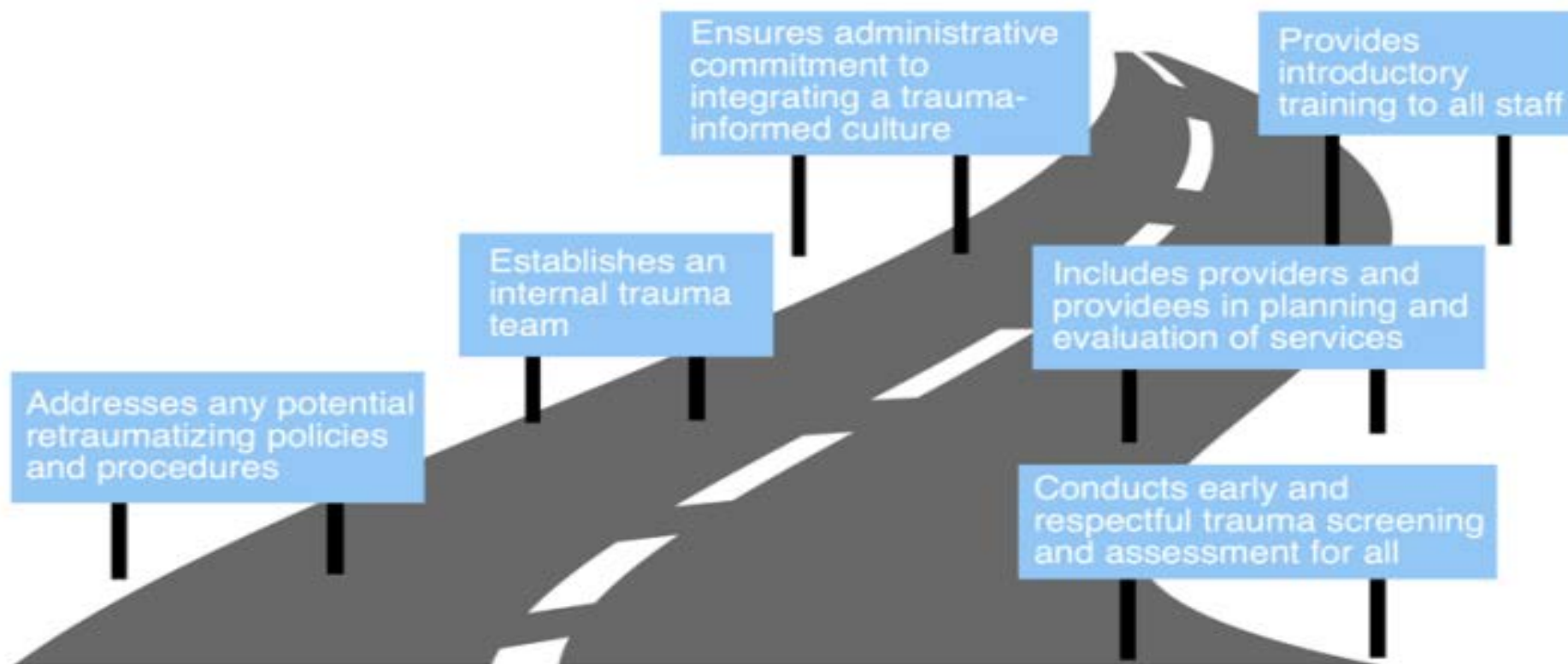
Providing an atmosphere that allows individuals to feel validated and affirmed with each and every contact at the agency

Chart by the Institute on Trauma and Trauma-Informed Care (2015)

The Road to Trauma-Informed Care (TIC)

Trauma-Informed Care calls for a change in organizational culture, where an emphasis is placed on understanding, respecting and appropriately responding to the effects trauma at all levels.

(Bloom, 2010)



(Fallot & Harris, 2001)

Adult behavioral effects of trauma/adversity

Diminished ability to cope with life's stressors may lead to poor coping mechanisms and self-medicating behaviors

These high-risk health behaviors dramatically increase the risk for many health conditions, including heart disease, cancer, depression, obesity, diabetes and COPD.

How the body changes:

Changes to one's brain structure and neural circuits:

- Diminished neural pathways to the frontal lobe (reasoning),
- Increased activity to the amygdala (reactionary)
- Increased potential for fear and anxiety
- Increased production of the stress hormones adrenaline and cortisol
- Increased levels of stress hormones can lead to a chronic wear and tear effect on the body and lay the foundation for chronic stress-related diseases.

Adverse Childhood Experiences (ACEs)

Ten specific categories of exposures grouped into 3 types: abuse, neglect and household dysfunction such as parental substance abuse or mental illness.

Exposure without a positive buffer, such as a nurturing parent or caregiver, can lead to a Toxic Stress Response in children, which can, in turn, lead to health problems including:

- asthma
- poor growth and frequent infections
- learning difficulties
- behavioral issues
- heart disease
- stroke
- cancer later in life
- COPD
- diabetes
- Alzheimer's
- Suicide

When to screen?

Depends on how your practice is set up.

Best practices:

- Upon intake and initial appointment
- Every 2-3 months (depends on the tool being utilized)
- After therapeutic alliance/relationship has been built – Trauma and Adversity are sensitive topics
- When a patient's symptoms of depression, anxiety, and other changes occur that significantly impair their functioning.

How to screen?

There are many tools that can be used to screen for Trauma and Adversity.

Here is the most commonly used tool:

Adverse Childhood Experiences (ACES)

- Includes experiences that have been found to greatly impact one's overall health
- 10 – Yes or No – items that only takes a few minutes to complete

https://cdn2.sportngin.com/attachments/document/0129/7914/ACES_Resilience_Questionnaire-McMillan_.pdf

How to screen?

Life Events Checklist (LEC) – designed to help identify potentially traumatic/adverse events

Screens for possible present of Post Traumatic Stress Disorder

Consists of 2 forms:

- Self report – 17 items
- Interview – More comprehensive and open ended – should be administered by a BH professional

https://www.ptsd.va.gov/professional/assessment/documents/LEC5_Standard_Self-report.PDF

If you have a client who screens positive for trauma/adversity and/or you believe that your client is in need of trauma services, the following steps can assist you in connecting them to care:

- Call the provider service line at 602.778.1800 or 1-866-560-4042
- Call the Care Coordination line Monday-Friday 8am-5pm (602) 778-8301.
- Submit a referral to Care Management by using the “Care1st Care Management Referral Form” found at:
<https://care1staz.com/az/providers/frequentlyusedforms.asp>
and faxing it to (602) 224-4372.

- Trauma/adverse experiences are real and impactful to the individual's health
- Trauma Informed Care is a perspective, approach, and culture
- Assessing for Trauma and Adversity can greatly improve the effectiveness of treatment and clinical interventions
- Treatment is available and accessible



MAT Services

**Mark Shen,
Director of
BH Services**

CARE1ST
HEALTH PLAN ARIZONA

Background:

- Current Opioid Use Disorder epidemic, calls for additional MAT providers
- Care1st is looking to expand the current network of providers whom can provide Medication Assisted Treatment (MAT) and related MAT Services (i.e. Therapy, etc.)
- For providers in Northern AZ, a letter was sent out regarding a waiver for Physicians to provide Medication Assisted Treatment
- The goal is to ensure capacity for the provision of “Whole-Patient” approaches to care (MAT and Behavioral Therapies)

- To prescribe or dispense FDA-approved MAT medications such as buprenorphine, a physician must complete eight hours of required training (unless a physician holds an appropriate board certification).
- The board certification or the training is the prerequisite for obtaining a waiver that allows the physician to prescribe MAT.
- The waiver generally allows a physician to treat 30 patients. However, the SUPPORT for Patients and Communities Act of 2018 expands the ability of physicians to treat as many as 100 patients under specific circumstances with a waiver.
- To obtain a waiver, physicians must complete an online request at the SAMHSA website (link in following slide).
- Physicians can also apply on this website for a Patient Limit Increase.

Visit **www.SAMHSA.gov** to complete the MAT waiver and to obtain best practice information including:

- Opioid Overdose Prevention Toolkit
- Medication Assisted Treatment general guidelines
- Obtaining a waiver and/or seeking exemption for Mid-Level Practitioners

- Mid-Level Practitioners (PA's, NP's, etc.) are also able to treat individuals with an OUD.
- An exemption process authorized under 42 CFT Part 8.11 -allows for OTPs to request approval from the Single State Authority (SSA) and SAMHSA.
- Request forms can be submitted to the State Opioid Treatment Authority for initial approval and then processed to the SAMHSA CSAT (Center for Substance Abuse Treatment) for final approval.

<https://www.samhsa.gov/medication-assisted-treatment>

If you require a resource to help with a treatment plan for a Care1st member with OUD, you have available for your use the:

Arizona Opioid Assistance & Referral Line (OAR) at
1-888-688-4222.

This 24/7 hotline provides free, real-time consultation for complex patients with pain and an OUD.

If a Care1st member that you are treating needs either a higher level of care and/or is in need of MAT services, they may:

Call Member Services at **1-602-778-1800** or **1-866-560-4042**

or visit

<https://care1staz.com/az/providers/network.asp>

for a list of in-network MAT Prescribers.



Social Determinants of Health PCP Screenings and Assessments

Mark Faul,
Workforce
Development
Specialist

This presentation is a brief Overview

- Define Social Determinants
- Identify resources to improve quality of life
- Gain knowledge of the 5 key determinants
- Present the AHCCCS approved screening tools
- Introduce the ICD-10; Z-Codes
- Review screening tools and timelines

Social Determinants Of Health

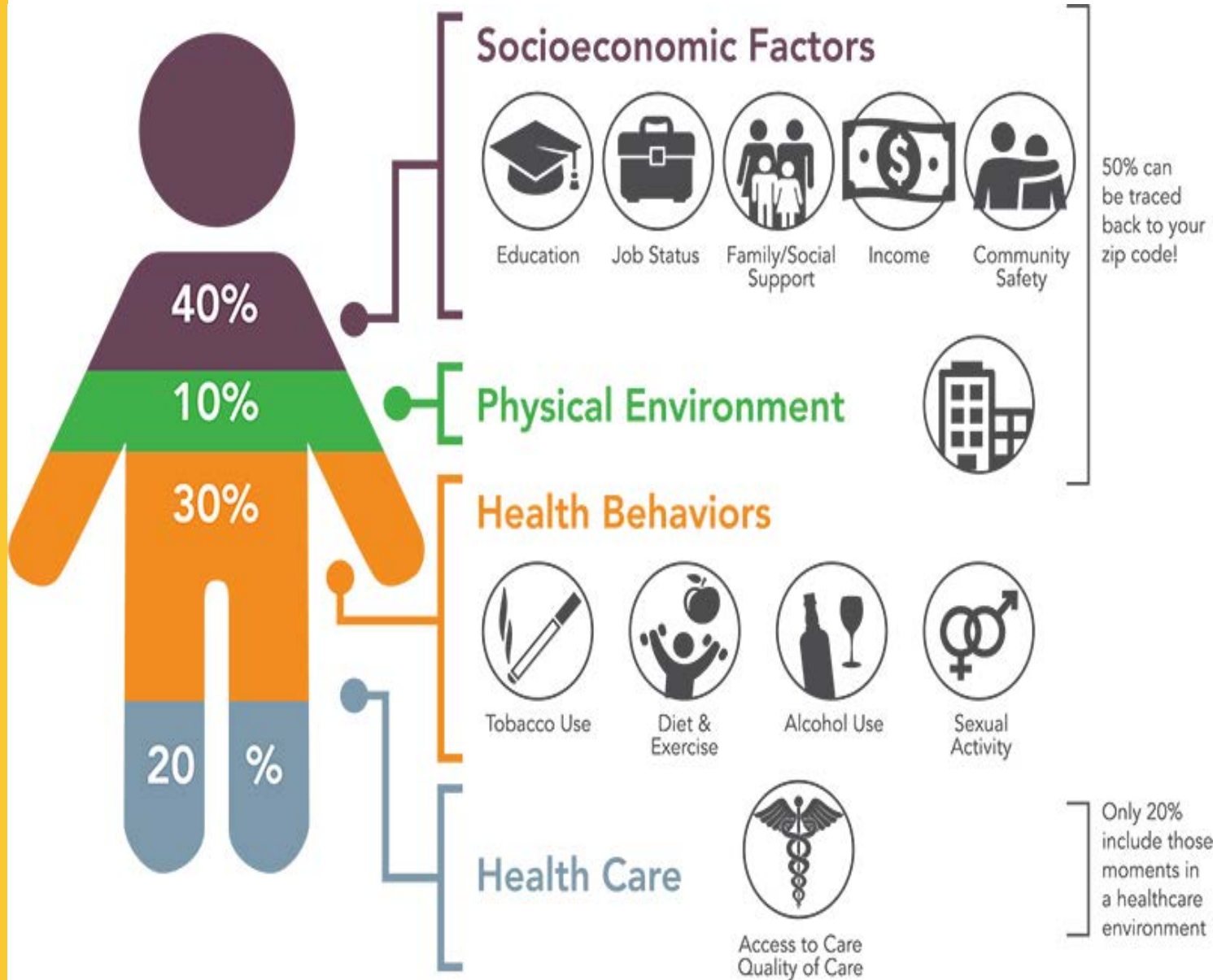
Social determinants of health are the conditions in the environments in which people are born, live, learn, work, worship, and age that affect a wide range of health functioning and quality of life outcomes.



Enhancing Quality of Life

- Safe and affordable housing
- Access to education
- Public safety
- Availability of healthy food
- Local emergency/health services

Social Determinants of Health



Health Outcomes

- Mortality
- Morbidity
- Life Expectancy
- Health Care Expenditures

Screening of SDOH per AHCCCS

Practices (Behavioral and Physical) should be using SDOH screens annually or as needed.

This is critical!

- Presents opportunities to help a member's quality of life improve
- Trust and credibility are gained when action is taken to help address these conditions
- Opportunity in every interaction with a member to acknowledge and celebrate resiliency

Approved Screening Tools

- The Protocol for Responding to and Assessing Patients Assets, Risks, and Experiences (PRAPARE)
- Patient Centered Assessment Method (PCAM)
- The Health Leads Screening Toolkit
- Hennepin County Medical Center Lifestyle Overview

SDOH ICD-10 Code List

Z-Codes

Any identified social determinant diagnosis codes should be provided on all claims for AHCCCS members in order to comply with state and federal coding requirements.

Social Determinants of Health ICD-10 Code List

Beginning on March 1st, 2018, the following ICD-10 diagnosis codes will be defined as **Social Determinants of Health** codes.

Please note that Social Determinants of Health codes may be added to or updated on a quarterly basis. Providers should remain current in their thorough utilization of these codes.

ICD-Code	Description
Z550	Illiteracy and low-level literacy
Z551	Schooling unavailable and unattainable
Z552	Failed school examinations
Z553	Underachievement in school
Z554	Educational maladjustment and discord with teachers and classmates
Z558	Other problems related to education and literacy
Z559	Problems related to education and literacy, unspecified
Z560	Unemployment, unspecified
Z561	Change of job
Z562	Threat of job loss
Z563	Stressful work schedule
Z564	Discord with boss and workmates
Z565	Uncongenial work environment
Z566	Other physical and mental strain related to work
Z5681	Sexual harassment on the job
Z5682	Military deployment status
Z5689	Other problems related to employment
Z569	Unspecified problems related to employment
Z570	Occupational exposure to noise
Z571	Occupational exposure to radiation
Z572	Occupational exposure to dust
Z5731	Occupational exposure to environmental tobacco smoke
Z5732	Occupational exposure to other air contaminants

https://www.azahcccs.gov/PlansProviders/Downloads/FFSProviderManual/Exhibit_4-1SocialDeterminantsHealthICD-10List.pdf

Documenting

- Include Z- Codes with the diagnosis
- Some EHR's allow mapping the codes directly from the screening tools
- Ensure the code is addressed in treatment and documented



Call to get the help you need. **1-866-775-2192**

Get connected with the right social services, including:

- Transportation
- Medication assistance
- Free/reduced cost dental
- Financial assistance (utility and rent)
- Support groups
- Legal, tax and probate advice
- Financial and estate planning
- Volunteerism or community engagement
- Community-based healthy living programs
- Elder assistance

WellCare Health Plans, Inc., is an HMO, PPO, PFFS plan with a Medicare contract. Enrollment in our plans depends on contract renewal. Please contact your plan for details.

Resources

AHCCCS Whole Person Care Initiative

<https://azahcccs.gov/AHCCCS/Initiatives/AHCCCSWPCI/>

Social Determinants, Demographics and Outcomes

<https://www.azahcccs.gov/PlansProviders/Demographics/>

SDOH ICD-10 Code List

https://www.azahcccs.gov/PlansProviders/Downloads/FFSProviderManual/Exhibit_4-1SocialDeterminantsHealthICD-10List.pdf

PCP Assessments and Screenings



Assessment for behavioral health services



Practice Guidelines & Preventive Health Guidelines

Care1st utilizes practice guidelines, criteria, quality screens and other standards for certain areas of medical management, disease management, and preventive health. Our guidelines follow nationally accepted standards and are reviewed and approved by our Medical Management Committee, which is comprised of both clinical staff and network physicians. Updates occur annually or more frequently if needed. If you have questions on our guidelines or would like a hard copy of our guideline mailed to your office you may contact Provider Network Operations at 602-778-1800

Practice Guidelines

- ▶ [Dysphagia and Assessing Risk of Aspiration and Choking PDF](#)
- ▶ [HIV Guidelines](#)
- ▶ [HCV Guidance: Recommendations for Testing, Managing, and Treating Hepatitis C PDF](#)
- ▶ [Pressure Ulcers in the Developmentally Disabled PDF](#)
- ▶ ["The Fatal Four" Part Two--Dehydration PDF](#)
- ▶ [High Blood Pressure PDF](#)

SAMHSA Screening Tools

- ▶ [SAMHSA Screening Tools](#)

PCPs Required to screen:

- **Depression**
- **Drug and alcohol misuse**
- **Anxiety**
- **Suicide risk at least annually or whenever the member evidences symptoms**

- Depression: PHQ-9 and other PHQ-9 versions: <https://www.phqscreeners.com/select-screener>
- Depression: PHQ-A – adolescents - file:///C:/Users/mshen/Downloads/APA_DSM5_Severity-Measure-For-Depression-Child-Age-11-to-17.pdf
- Depression: PHQ-2 - https://aidsetc.org/sites/default/files/resources_files/PHQ-2_English.pdf
- Anxiety: GAD-7 - https://adaa.org/sites/default/files/GAD-7_Anxiety-updated_0.pdf
- Suicide risk - C-SSRS - <https://cssrs.columbia.edu/>

Age-appropriate

Assessment

- PHQ-2 and PHQ-9 to screen for depression
- CAGE-ID, Drug Abuse Screen Test (DAST) and the SBIRT

Integrated Services

- Within 7 days or immediately for urgent situations
- Or at least 3 culturally appropriate referrals

The Patient Health Questionnaire-2 (PHQ-2)

Over the past 2 weeks, how often have you been bothered by any of the following problems?	Not At All	Several Days	More Than Half the Days	Nearly Every Day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3

PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

Over the <u>last 2 weeks</u> , how often have you been bothered by any of the following problems? (Use "✓" to indicate your answer)	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3

Make connections with BH providers

- Provider service line at 602.778.1800 or 1-866-560-4042
- Care Coordination 8am-5pm (602) 778-8301
- Care1st Care Management Referral Form

<https://care1staz.com/az/providers/frequentlyusedforms.asp>

Fax to 602-224-4372

- Refer to Behavioral Health Services when appropriate
- PCP initiated medication services for a member to treat a behavioral health condition:
 - the PCP will inform the member that non-medication management services, such as counseling, are available through Care1st
 - how member may access those services.

The PCP will

- Coordinate the transfer as needed
- Provide a sufficient supply of behavioral health medications
- Notify all entities involved

The Behavioral Health Provider will coordinate with PCP

- If unknown PCP, contact Care1st Customer Care
- Request medical information from assigned PCP
- Coordination should occur throughout the treatment

Medical Records must:

- Medical records must respond to request within 10 days
- Record request and response in medical records

- Policy 1410: Primary Care Provider (PCP) Behavioral Health Treatment and Coordination
- Policy 1400: Adult System of Care Components and Principles

https://care1staz.com/az/PDF/provider/manual/sections/ProviderManual_07.pdf?ver=2020.05



THANK YOU

