



2022 Fall Provider Forum

Agenda

- **Welcome / Intro** Scott Cummings
- **Network Management** Marissa Allison
- **Care Management** Dee Reny
- **Prior Authorization** Dee Reny
- **Pharmacy** Shantel Jones
- **Behavioral Health Services** Vicki Cons
- **Crisis System** Johnnie Gasper
- **Claims** Anthony Crooks
- **Grants Administration** Tania Long-Gervais
- **ALTCS Initiative** Linda Montgomery
- **Employment Services** Jen Zepeda
- **Workforce Development** Mark Faul
- **Quality Improvement** Maritza Jimenez & Shannon Bedortha
- **Tribal Relations** Alberto Peshlakai
- **Community Affairs** Greg Taylor
- **Member Advocacy** Son Yong Pak



Welcome / Intro

Scott Cummings

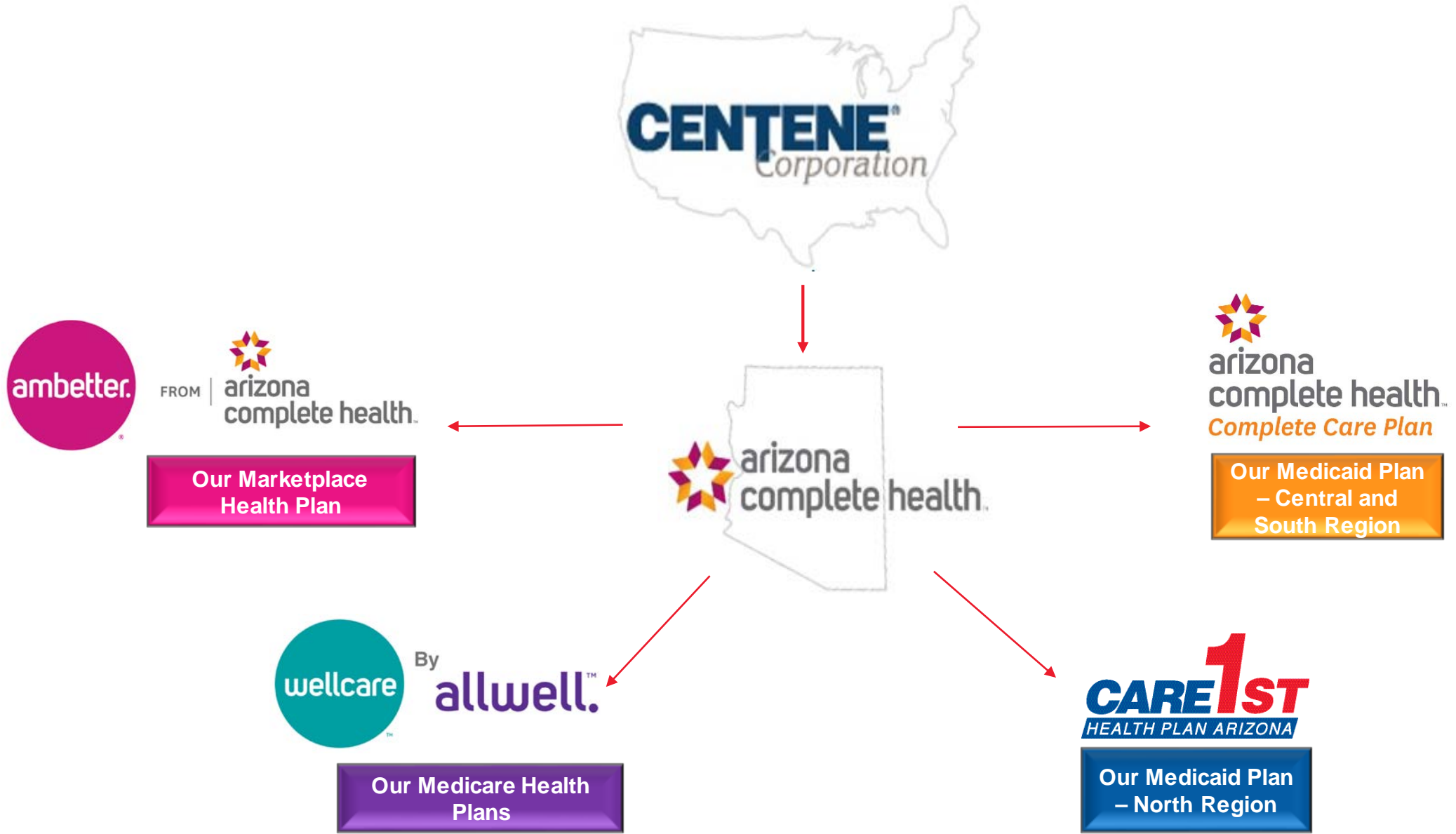
Care1st Plan President

Care1st Snapshot

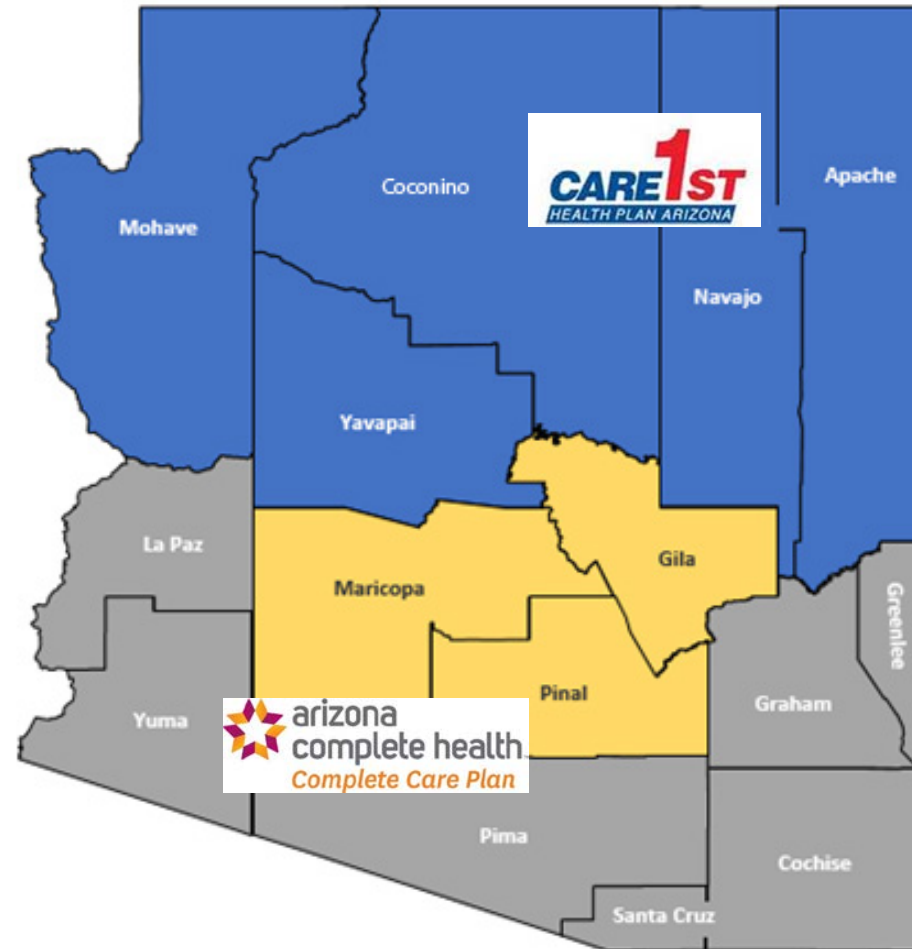
- ✓ 2003 – Initial AHCCCS contract award
- ✓ 2017 – Acquired by WellCare
- ✓ 2018 – Awarded ACC Contract Central/North
- ✓ 2020 – WellCare acquired by Centene
- ✓ 2021 – Exit Central / Focused on North (ACC)
- ✓ 2022 – Awarded North RBHA contract



Operating Structure



AzCH - Medicaid



AzCH at a Glance



Today, Arizona Complete Health offers a wide-range of health benefits for Arizonans enrolled in Medicare, Marketplace, and Medicaid health insurance plans and is currently serving more than 575,000 Arizonans across its plans.

RBHA Implementation

- Care1st was awarded the Regional Behavioral Health Authority (RBHA) contract in the Northern Region effective 10/1/2022
- Expect to transition approximately 6,000 TXIX members living with SMI from Health Choice
- As the North RBHA, we will also manage the Crisis System and NTXIX Grant Administration activities

RBHA Transition Data

Care1st will receive several sets of data for transitioning members from Health Choice including (but not limited to):

- **PCP information** - will be used to ensure wherever possible, the member is assigned to the same PCP they had with Health Choice
- **Behavioral Health Home assignment** - will be used to ensure wherever possible, the member is assigned to the same Behavioral Health Home they had with Health Choice
- **Clinical information** (high risk pregnancy) – will be used by our Clinical/ Care Management team during the onboarding process
- **Authorization data** – Care1st will honor open authorizations issued by Health Choice prior to the transition for a period of 90 days

Operating Platform

Care1st will implement and operate the new North RBHA business on Centene systems. These systems are different from what the Care1st ACC business is utilizing.

In certain cases, that will cause changes in how you currently do business with Care1st today. These differences will be discussed in greater detail throughout this presentation and are available in a detailed provider communication dated 8/17/2022.

Examples include but are not limited to:

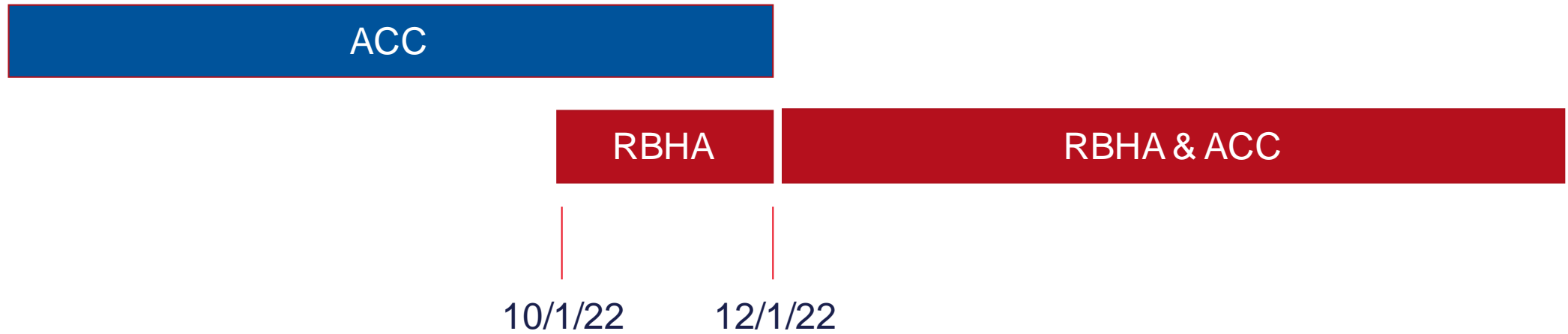
- Different Payor IDs for electronic claims submission / Different addresses for paper claims submissions
- Different processes for Provider remittance advices and EFT
- Variety of new forms
- Different public facing website and provider portal (with enhanced callabilities)

Our ACC business will migrate to the same platform and systems on 12/1/2022!

Provider communication / Resource Guide:

<https://care1staz.com/az/PDF/provider/blastfaxes/2022/0817.pdf>

Operating Platform





Network Management

Marissa Allison

Manager, Provider Network

NETWORK MANAGEMENT

Network Management Representatives

Steve Bigman

602-778-4121

Steven.Bigman@care1staz.com

Maricopa, Graham, Greenlee,
Cochise & Pima Counties

Ron Record

928-715-4280

Ronald.Record@care1staz.com

Mohave and La Paz Counties

NETWORK MANAGEMENT

Network Management Representatives

Deborah Parker

928-245-4373

Deborah.Parker@care1staz.com

Apache, Coconino
and Navajo Counties

Gail Garrison

602-474-1309

Gail.Garrison@care1staz.com

Yavapai, Gila and
Pinal Counties

Physical office address change

Care1st is relocating to another building in the same business complex on Rio Salado Parkway.

Effective 9/30/2022, the Care1st physical address will change:

From



To

1870 W. Rio Salado Parkway
Tempe, AZ 85281

1850 W. Rio Salado Parkway
Suite 211
Tempe, AZ 85281

NETWORK MANAGEMENT

Claims Addresses

ACC

DOS through 11/30/2022

Medical Claims

Care1st Health Plan
Attention Claims Department
PO Box 31224
Tampa, FL 33631-3224

Dental Claims

DentaQuest of Arizona, LLC – Claims
PO Box 2906
Milwaukee, WI 53201-2906

Claims Disputes (effective 9/30/22)

Care1st Health Plan
Attention Dispute Department
1850 W Rio Salado, Suite 211
Tempe, AZ 85281

ACC

DOS on and after 12/1/2022

Medical Claims

Care1st Health Plan
Attention Claims Department
PO Box 8070
Farmington, MO 63640-8070

Dental Claims

Envolve Dental Claims
PO Box 21588
Tampa, FL 33622-1588

Claims Disputes

Care1st Health Plan
Attention Grievances and Appeals
1850 W Rio Salado, Suite 211
Tempe, AZ 85281

RBHA

DOS on and after 10/1/2022

Medical Claims

Care1st Health Plan
Attention Claims Department
PO Box 8070
Farmington, MO 63640-8070

Dental Claims

Envolve Dental Claims
PO Box 21588
Tampa, FL 33622-1588

Claims Disputes

Care1st Health Plan
Attention Grievances and Appeals
1850 W Rio Salado, Suite 211
Tempe, AZ 85281

NETWORK MANAGEMENT

Payer IDs

ACC

DOS through 11/30/2022

Change Healthcare
Payer ID – 57116

ACC

DOS on and after 12/1/2022

Change Healthcare
Payer ID – 68069

RBHA

DOS on and after 10/1/2022

Change Healthcare
Payer ID - 68069

NETWORK MANAGEMENT

**EFT/835
(Electronic
Remittance
Advices)**

ACC

DOS through 11/30/2022

Complete EFT form on found under forms on www.Care1staz.com

www.care1staz.com > Care1st > Provider > Forms > Electronic Funds Transfer Authorization Form

ACC

DOS on and after 12/1/2022

Payspan Health®

RBHA

DOS on and after 10/1/2022

Payspan Health®

How to Register with Payspan for EFT/835/Electronic Remittance Advices

Please, please, register for PaySpan now! Don't wait! We want your EFT payments to continue seamlessly. Registration is a single process that enrolls you for both electronic payment and Electronic Remittance Advice (ERA) at the same time.

The following is needed to register:

1. Registration Code (details below)
2. Personal Information, i.e., practice admin
3. Account Setup, i.e., TIN, GNPI, Bank Account Info
4. Verification of Your Information

Registration Code details: *(3 ways to obtain request Reg Code)*

Link: <https://www.payspanhealth.com/RequestRegCode/>

1. Complete "Web Registration Code Request and you will receive a REG CODE via email
2. Request Reg Code by sending email to:
 - providersupport@payspanhealth.com and request available registration codes and include TIN, Health Plan name, and your contact information (name, title, phone number)
3. Call Payspan at 877-331-7154, Option 1 – Monday thru Friday 8:00 am to 8:00 pm ET

How to Register with Payspan for EFT/835/Electronic Remittance Advices

After you register for electronic payments (EFT), you will:

1. Receive a deposit of less than one dollar from Payspan within a few business days
2. Contact your financial institution to obtain the amount
3. Login in to Payspan
4. Click *Your Payments*
5. Click the *Account Verification* link to activate your account
6. The deposit doesn't need to be returned to Payspan

Options for Remittance Viewing and Receipt

You have several options for viewing and receiving remittance details. Payspan will match your preference for remittance information, with the following options:

- HIPAA-compliant data file that can be downloaded directly to your practice management or patient accounting system
- Electronic remittance advice presented online and printed in your location

How to Register with Payspan for EFT/835/Electronic Remittance Advices

If you are already registered with Payspan for another health plan follow the steps below to register codes to your existing Payspan account

1. Go to www.payspanhealth.com and login to your account
2. Click Your Payments
3. Once on the 'Your Payments and Remits' page; to the left of the page select the 'Reg Codes' button under the 'Manage' section.
4. On the right select 'Add New Reg. Code'.
5. Enter the Registration Code, Provider Identification Number (PIN)
6. Tax Identification Number (TIN).
7. Click Start Registration and follow the remaining steps.

Once your registration codes are activated, please allow up to 24 hours to access EOPs on the Payspan Portal.

For additional assistance, click the following link to access a list of commonly asked questions at <https://www.payspanhealth.com/nps/Support/Index> or contact Payspan via email at providersupport@payspanhealth.com or by phone at (877) 331-7154, Option 1.

BROWSERS: Use the Payspan portal with Google Chrome, Mozilla Firefox, or Microsoft Edge

Provider Manual Changes

Effective 10/1/2022

- Care1st posted a revised version of the provider manual to www.care1staz.com on 9/1/22
- Some of the updates include:
 - Phone and Fax numbers updated on the Quick Reference Contact List
 - Updates to our Prior Authorization and Referral Process
 - RBHA & ACC business differences for claims submissions, payer IDs, dental vendor change, and many more
- A fax blast was sent to all Care1st providers on 9/1/22, detailing all of the changes made

NETWORK MANAGEMENT

Website / Provider Portal

On 10/1/22 we will launch a new website using our existing www.care1staz.com domain name to support our new RBHA business.

Because our RBHA and ACC business will be on different systems until 12/1/2022, we need to provide access to our current website to support our ACC business and our new website to support our new RBHA business.

On 10/1/22 the new www.care1staz.com will be launched to support our new RBHA business. The new site will have a clearly labeled button, prominent on the home page, that will take you back to the current website for content specific to our ACC business (including the provider portal) being operated on legacy Care1st systems.

Once both the RBHA and ACC business are operating on the same platform (12/1/2022), the new www.care1staz.com website will support both RBHA and ACC business and we will continue to provide access to the old provider portal for ACC claim information for dates of service prior to 12/1/2022.

Provider Portal registration instructions will be forthcoming.



Care Management

Dee Reny

Director, Medical Management



What is Care Management?

Care Management: A group of activities performed by the contractor to identify and manage clinical interventions or alternative treatments for identified members to **reduce risk, cost, and help achieve better health care outcomes**. Distinct from case management, care management does not include the day-to day duties of service delivery.

Care Management Program as decided by AHCCCS:

- Assist members with Medical and Behavioral Health risks needing support
- PCP/Provider reconnection
- Ensure members are connected to services needed to prevent/reduce adverse health outcome
- Short term and limited in nature
- May assist in:
 - Establishing Medical/Behavioral Appointments
 - Hospital discharge instructions
 - Health Coaching (Education & resources wellness, lifestyle and prevention)
 - Lend Support on social determinants of health (SDOH)
 - Expertise in member self management approaches
 - Member advocacy
 - Navigate complex systems and coordinate care between families/providers/community agencies

Case or Care Management

Case Management

- Provider/Facility based
- Provider generally defines population they manage (ex. SMI Case Managers, High Needs Case Managers)
- Typically longer-term (>1 month)
- Focus more on the day to day activities (maintaining treatment plan, referring for services, crisis management, facilitating ART, CFT mtgs)
- Most commonly found in:
 - Facilities (Inpatient, SNF, Assisted living etc.)
 - Integrated clinics/Provider groups
 - Behavioral Health Agencies

Care Management

- Health Plan based
- Integrated team of RN & Behavioral Health Clinicians
- Identify the top tier of high need high cost members
- Short-term (1-3 months approx.)
- Clinical interventions to reduce risk, cost and help members achieve better health outcomes
- Lend support in coordination of care for complex cases

Care1st Care Management Functions

- Develop trust-based relationship through person centered care planning
- Establish/Increase member engagement with Provider and Specialists
- Collaborate and coordinate care with health care partners
- Educate and increase awareness of plan benefits/community resources/programs
- Educate and encourage members to self-manage their conditions effectively and develop and sustain behaviors that improve their quality of life
- Help members learn self-reliance and how to navigate the health care system
- Decrease unnecessary emergency room utilization
- Decrease unnecessary hospital visits and admissions

❖ **Optimize member health outcomes**



Care Management Team

Structure:

- 1 Director, 1 Supervisor Care Coordinator, 1 Manager Care Management, 1 Project Coordinator

Care1st Care Management - Telephonic model only

ACC Contract:

- 7 Care Managers: 5 RNs and 2 BH Licensed Professionals
- 1 Health Coach
- Average caseload duration 3 months
- 7 Care Coordinators

RBHA Contract:

- 3 Care Managers: 1 RN and 2 BH Licensed Professionals
- 3 Care Coordinators
- 1 PASSR Coordinator

Care Management Team

Care Coordinators:

- 7 non clinical individuals with varied back ground but all hold 2+ years experience with Medical or Behavioral complex members and populations
- Support Medicaid line of business only
- Refer cases directly to CM's that support Medicaid

Work supported by Care Coordination Team

- Health Assessment Surveys (HAS) - survey members self-fill out & mail back to Care1st
- Crisis referrals
- SMI notification/outcome follow up
- Post Hospital outreach (Medical and Behavioral)
- Support the Pharmacy Lock In program
- Emergency department (ED) diversion report and outreach
- Emergency department holds
- Children's rehabilitative services (CRS)
- Enrollment transition files (In & Out of the Health Plan)
- Inbound calls and transfers from Member services/Nurse line
- Catastrophic Reinsurance
- Mailing out member letters/educational resources
- Transportation Lodging
- Incoming faxes & mail

High Risk Populations Supported by Care Managers

High risk populations:

- ID Strat (Stratified by risk for readmission/Medical/BH Conditions/ER&IP usage)
- Special Health Care Needs Pop (CRS, Autism, Adoption file, severely emotionally disturbed (SED), Serious mental illness (SMI))
- Disease Management (High risk members with Dx: COPD, CHF, Asthma, Diabetes)
- Children's Rehabilitative Services (CRS)
- Transplant
- High Risk Maternity
- High Needs High Cost (HNHC) – [4 inpatient & 4 ED & over 50k]
- Sex Trafficking
- Arizona State Hospital & Psychiatric Review Board (AzSH/PSRB)
- AHCCCS referrals
- Internal Dept. (utilization management, members services, Nurse line, grievances, etc.)

RBHA Migration:

- Care Management will have access to files to identify high risk members

Who can refer to Care Management?

- Members
- Providers/Specialists (Medical or Behavioral)
- Hospital or Facilities (Medical or Behavioral)
- Community Agencies/Departments
- Internal Departments (Utilization management, grievances, member services, Nurse line, provider network etc.)



Referrals to Care Management - Members

Members can self-refer to Care Management

ACC Members

- Care1st [Website](#)
- Call Care1st Member Services – 866-560-4042

RBHA Members

- **Care1st Website – Pending**
- Call Care1st Member Services – 866-560-4042

- Taken from Care1stACC website below:



Care1st understands the importance of helping our members with complex needs so that our members can receive right care at the right time. We offer care management services to our members who need extra assistance and support. Our care managers are registered nurses or licensed behavioral health professionals that work with members and their doctors to identify and plan for the help they need to manage the member's medical and behavioral health conditions.

If you need extra help, please call us at 602-778-1800 or 1-866-560-4042

Referrals to Care Management - Providers

ACC Members

1. Visit www.care1staz.com
“Providers” > “Forms”
2. Select form under Care Management
3. Fax completed form to (602)224-4372
4. Care Coordination/Care Manager will then follow up with request

Can refer by calling Care1st Member Services (866)560-4042

RBHA Members:

1. Visit www.care1staz.com
Location pending
2. The same form will be posted
3. Fax completed form to (833) 618-1980
4. Care Coordination/Care Manager will then follow up with request

Can refer by calling Care1st Member Services (866)560-4042



Forms

Care Management

► [Care1st Care Management Referral Form - \(11/30/2021\)](#) PDF

A screenshot of the CARE1st Care Management Referral Form. The form is titled 'CARE1st Care Management Referral Form' and includes a fax number: 1-602-224-4372. It has sections for 'Referral' (with options for Routine and Urgent), 'Member Information' (including fields for Name, Date of Birth, AHCCCS ID, and Member Phone), 'Address' (Street, City, State, Zip Code), 'Primary Care Provider' (Last Name, First Name, Practice Name, Phone Number), and 'Referral Information' (a grid of checkboxes for various reasons for referral). At the bottom, there is a section for 'Contributing Medical Diagnosis' with columns for ICD-10 and Description, and an 'Additional Information' field.

Care Management Team Structure

Leadership Team

Dee Reny, RN/BSN/CCM, Director of Medical Management

Dreny@Care1staz.com

(480)435.6620

Jearlyn Tsosie, MSW/LMSW, Manager of Care Management

jtsosie@care1staz.com

(602)782-1970

Lubia Arriaza, Supervisor of Care Coordination

LarriazaOliva@care1staz.com

(602)778-4157





Prior Authorization

Dee Reny

Director, Medical Management



Treatment Authorization Request

OutPt Services /Residential(BH) : Ph 602.778.1800 (Options 5, 6) Fax 602.778.1838
For Admissions/SNF send Facesheet to: Fax 602.778.8386

- AHCCCS
- Routine
- DDD
- Urgent [May seriously jeopardize member's life, health or function level]
- ONECare
- Retroactive

Patient Information

Member Name:		Date of Birth:	
Member Address (Street):			
Member Address (City, State, Zip):			Male <input type="checkbox"/> Female <input type="checkbox"/>
Member ID:			
Requesting Physician's Name: (PLEASE PRINT)		TIN/NPI:	
Office Contact Name:		Phone:	Fax:

Service Information

Referred To:		TIN/NPI:	
Date of Request:	Anticipated Date of Service:	Specialty:	
Provider Address:			
Phone:	Fax:	FQHC Location?: Yes <input type="checkbox"/> No <input type="checkbox"/> MSIC Location? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Hospital Name:		Other:	

Service(s) Requested

<input type="checkbox"/> Hospital Admit Date of Admit:	<input type="checkbox"/> Hospital Outpatient	<input type="checkbox"/> ASC	<input type="checkbox"/> In-Office Proc/Testing	<input type="checkbox"/> OP Consult Only	<input type="checkbox"/> Follow-up Visits (Attach Relevant Data, Notes, Tests, Etc.)	<input type="checkbox"/> OP BH Services
<input type="checkbox"/> BH Residential	<input type="checkbox"/> OOS Provider	<input type="checkbox"/> Home	<input type="checkbox"/> Other			
Requested Service/Procedure:				CPT 4/HCPCS Code(s):		Unit(s):
Diagnosis Description:				Diagnosis Code(s) :		

Prior Authorization Process for ACC Members

- No changes to current process
 - Care1st will continue to use existing authorization form and fax number **through 11/30/2022**
 - Continue to call or fax to submit authorizations



MEDICAID OUTPATIENT AUTHORIZATION

ARIZONA CARE1ST

Physical Health **Fax to: 833-618-1979**

Behavioral Health Requests **Fax to: 833-592-1301**

Transplant Requests **Fax to: 833-618-2175**

Biopharmacy **Fax to: 833-417-0447**

Request for additional units. Existing Authorization Units

Standard requests - Determination within 14 calendar days of receiving all necessary information.

Urgent requests - I certify this request is urgent and medically necessary to treat an injury, illness or condition within 72 hours to avoid complications and unnecessary suffering or severe pain.

* INDICATES REQUIRED FIELD

MEMBER INFORMATION

*Medicaid/Member ID

Last Name, First

*Date of Birth

(MMDDYYYY)

REQUESTING PROVIDER INFORMATION

*Requesting NPI

*Requesting TIN

Requesting Provider Contact Name

Requesting Provider Name

Phone

*Fax

SERVICING PROVIDER / FACILITY INFORMATION

Same as Requesting Provider

Prior Authorization Process for RBHA Members

- Effective **10/1/2022** new process for submission of authorizations for RBHA members
 - Will adopt InterQual vs MCG criteria
 - New Authorization Form
 - New Fax Number 833.618.1979
 - Provider Portal Option

Practice and Clinical Guidelines for RBHA Members

- Care1st is adopting Corporate Practice and Clinical Guidelines
 - Posted on Care1st RBHA Website

The screenshot displays the Care1st Health Plan Arizona website. At the top, there is a navigation bar with links for Home, Find a Doctor, Login, Contact, and a search bar. Below this is a secondary navigation bar with buttons for FOR MEMBERS, FOR PROVIDERS, CAREERS, and COVID 19. The main content area is divided into a left sidebar, a central main section, and a right sidebar.

FOR PROVIDERS

- Become a Provider
- Pre-Auth Check
- Non-Contract Providers
- Pharmacy
- Provider Resources
 - Behavioral Health
 - Integrated Care
 - Manuals, Forms and Resources
 - Care Management Program
 - Provider Training
 - Filing a Claim
 - Incentives Statement
 - Prior Authorization
 - Report Fraud, Waste and Abuse
 - Disease Management
 - Practice Guidelines & Preventive Health Guidelines
 - Electronic Transactions
 - Clinical & Payment Policies
 - ICD-10 Overview

Practice Guidelines

Preventive and clinical practice guidelines are based on the health needs and opportunities for improvement identified as part of the Quality Assurance Program Improvement (QAPI) program. Whenever possible, Care1st adopts preventive and clinical practice guidelines that are published by nationally recognized organizations or government institutions as well as state-wide collaborative and/or a consensus of healthcare professionals in the applicable field.

Practice Guidelines

- Adopted Clinical Practice and Preventative Health Guidelines (PDF)

AHCCCS Behavioral Health System Practice Tools

- Child and Family Team
- Children's Out of Home Services
- Family and Youth Involvement in the Children's Behavioral Health System
- Support and Rehabilitation Services for Children, Adolescents, and Young Adults
- Transition to Adulthood
- Unique Behavioral Health Services for Needs of Children, Youth and Families Involved with Department of Child Safety

Behavioral Health Tool Kits

AHCCCS AMPM Appendix E
Childhood and Adolescent Behavioral Health Tool Kits

- Child ADHD (PDF)
- Child Anxiety (PDF)
- Child Depression (PDF)

AHCCCS AMPM Appendix F
Adult Behavioral Health Tool Kits

- Adult ADHD (PDF)
- Adult Anxiety (PDF)
- Adult Depression (PDF)
- Postpartum Depression (PDF)

Provider Resources

- Behavioral Health
- Integrated Care
- Manuals, Forms and Resources
- Care Management Program
- Provider Training
- Filing a Claim
- Incentives Statement
- Prior Authorization
- Report Fraud, Waste and Abuse
- Disease Management
- Practice Guidelines & Preventive Health Guidelines

Clinical Policies

Clinical policies are one set of guidelines used to assist in administering health plan benefits, either by prior authorization or payment rules. They include but are not limited to policies relating to evolving medical technologies and procedures, as well as pharmacy policies. Clinical policies help identify whether services are medically necessary based on information found in generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by the policy; and other available clinical information.

Care1st Health Plan Arizona utilizes InterQual[®] criteria for those medical technologies, procedures, or pharmaceutical treatments for which a Care1st Health Plan Arizona clinical policy does not exist. InterQual is a nationally recognized evidence-based decision support tool. You may access the InterQual[®] SmartSheet(s)[™] for Adult and Pediatric procedures, durable medical equipment, and imaging procedures by logging into the secure provider portal or by calling Care1st Health Plan Arizona. In addition, Care1st Health Plan Arizona may from time-to-time delegate utilization management of specific services; in such circumstances, the delegated vendor's guidelines may also be used to support medical necessity and other coverage determinations. Other non-clinical policies (e.g., payment policies) or contract terms may further determine whether a technology, procedure or treatment that is not addressed in the Clinical Policy Manuals or InterQual criteria is payable by Care1st Health Plan Arizona.

The Policies do not constitute authorization or guarantee of coverage of any procedure, drug, service, or supply. Members and providers should refer to the Member contract to determine if exclusions, limitations, and dollar caps apply to a particular procedure, drug, service, or supply. To the extent there are any conflicts between medical policy guidelines and applicable contract language, the contract language prevails. Medical policy is not intended to override the policy that defines the Member's benefits, nor is it intended to dictate to providers how to practice medicine. The health plan reserves the right to amend the Policies without notice to providers or Members.

If you have any questions regarding these policies, please contact Member Services and ask to be directed to the Medical Management department.

The Clinical Policy Manuals may be accessed through the links below.

CLINICAL POLICIES 

Practice and Clinical Guidelines for RBHA Members

- Care1st is adopting Corporate Centene Clinical coverage and Practice Guidelines
 - Posted on the Care1st RBHA Website

Provider Notifications RBHA Members

- Effective 10/1/2022 new provider notifications for PA approvals and denials (Physical Health)
 - Denial notifications will include:
 - Care1st outreach to obtain additional documentation
 - Offering Peer to Peer

Prior Authorization Notification-Approval

Date: «SentDate»

Requesting Provider Name: ENTER REQUESTING PROVIDER NAME

Requesting Provider Fax: ENTER REQUESTING PROVIDER FAX NUMBER

If any miscellaneous information is needed, please type after (Notes) below notes:

Regarding Member: <Name of member>

Member AHCCCS ID: «MemberMedicaidID»

Member DOB: <Member date of birth>

Requested Service: ENTER REQUESTED SERVICE

Name of the Provider to Perform Service: ENTER NAME OF PROVIDER TO PERFORM SERVICE

Authorization Number:

Our Decision: ENTER STATUS

The Reason for Our Decision: ENTER ANY AUTHORIZATION RELATED COMMENTS SUCH AS SCHEDULE OF SERVICE DELIVERY OR SERVICE INTERPRETATIONS

Prior Authorization Notification-Denial

Date: «SentDate»

Requesting Provider Name: ENTER REQUESTING PROVIDER NAME

Requesting Provider Fax: ENTER REQUESTING PROVIDER FAX NUMBER

If any miscellaneous information is needed, please type after (Notes) below notes:

Regarding Member: <Member Name>

Member AHCCCS ID: <Member Medicaid ID>

Member DOB: <Member date of birth>

Requested Service: ENTER REQUESTED SERVICE

Name of the Provider to Perform Service: ENTER NAME OF PROVIDER TO PERFORM SERVICE

:

Provider Outreach:

C1st documentation on outreach attempts to gather additional documentation:

Our Decision: ENTER STATUS

C1st Medical Director name and credentials rendering the decision:

The Reason for Our Decision: ENTER ANY AUTHORIZATION RELATED COMMENTS SUCH AS SCHEDULE OF SERVICE DELIVERY OR SERVICE INTERPRETATIONS

Requesting Provider Notice

If the requesting provider would like to discuss this case (Peer to Peer) with the Care1st Health Plan Arizona Medical Director, this can be requested within the first 30 days after denial notification by calling <1-866-560-4042>



MEDICAID OUTPATIENT AUTHORIZATION

ARIZONA CARE1ST

Physical Health **Fax** to: 833-618-1979

Behavioral Health Requests **Fax** to: 833-592-1301

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* INDICATES REQUIRED FIELD

MEMBER INFORMATION

*Medicaid/Member ID Last Name, First *Date of Birth
(MMDDYYYY)

REQUESTING PROVIDER INFORMATION

*Requesting NPI *Requesting TIN Requesting Provider Contact Name
Requesting Provider Name Phone *Fax

SERVICING PROVIDER / FACILITY INFORMATION

Same as Requesting Provider



ACC System Migration 12/1/2022

- Effective 12/1/2022 all Care1st ACC and RBHA members will be on the Centene Systems
 - Will adopt RBHA process/forms for all members
 - Will adopt InterQual vs MCG criteria
 - New authorization form
 - New fax number 833.618.1979
 - Form and fax line for ACC members will be discontinued



Prior Authorization Leadership Team

For any questions or additional support, please outreach to the Care1st PA leadership team

Dee Reny, RN/BSN/CCM, Director of Medical Management

Dreny@Care1staz.com

(480)435.6620

Arlene Erran, LPN, Supervisor of Prior Authorization

Arlene.erran@care1staz.com

(480)250.4665



Pharmacy

Shantel Jones
Clinical Pharmacist

Formulary Updates

ACC & RBHA - Effective 10/01/2022

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)
Anticoagulants	Xarelto Suspension	<ol style="list-style-type: none"> 1. Xarelto Started Pack 2. Xarelto Tablets 3. Eliquis Started Pack 4. Eliquis Tablets 5. Pradaxa 6. Warfarin 	QL	N
Antipsychotics- Atypical Long-Acting Injectables	X	<ol style="list-style-type: none"> 1. Invega Hafyera (NEW) 2. Abilify Maintena 3. Aristada 4. Aristada Initio 5. Invega Sustenna 6. Invega Trinza 7. Perseris 8. Risperdal Consta 	PA Required for Ages < 18 years or when not prescribed by a Behavioral Health Provider	N
Cytokine And CAM Antagonists	Cibinqo	<ol style="list-style-type: none"> 1. Orencia Clickject, Syringe (NEW) 2. Avsola 3. Enbrel Kit, Syringe, Pen, Vial and Cartridge 4. Humira Kit, Pen 5. Inflectra 6. Otezla 7. Xeljanz (immediate release) 	PA	N

Formulary Updates (continued)

ACC & RBHA - Effective 10/01/2022

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)
Glucagon Agents	Gvoke Vial	<ol style="list-style-type: none"> 1. Gvoke Pen (NEW) 2. Glucagon Injection 3. Glucagon Emergency Kit (by Lilly) 4. Proglycem Suspension 	QL	N
Hypoglycemics- Incretin Mimetics	Glyxambi	<ol style="list-style-type: none"> 1. Janumet, Janumet XR 2. Januvia 3. Jentadueto, Jentadueto XR 4. Kazano 5. Kombiglyze XR 6. Nesina 7. Onglyza 8. Oseni 9. Tradjenta 10. Trijardy XR 11. Bydureon Pen 12. Byetta Pen 13. Trulicity 14. Victoza 	PA required for GLP-1 medications STEP through Metformin for DDP-4 and SGLT-2 medications	Y
Hypoglycemics- Insulin and Related Agents	Humulin Vial OTC	<ol style="list-style-type: none"> 1. Humalog Cartridge 2. Insulin Aspart 3. Insulin Lispro 4. Humulin 500 Pen, Vials 5. Novolin Vial OTC 		N
Pancreatic Enzymes	X	<ol style="list-style-type: none"> 1. Pancreaze (New) 2. Creon 3. Zenpep 	QL	N

ACC Membership

Pharmacy Program Updates

Care1st Preferred Drug List

Please refer to our website www.care1staz.com

- Integrated PDL

Pharmacy PA criteria update:

- Care1st to start using AHCCCS FFS PA criteria effective 10/01/2022
- Goal is to standardize requirements across all Medicaid Health Plans
- Pharmacy PA criteria available on the Care1st website and on the AHCCCS website at

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

Click on the AHCCCS Fee-For-Service Prior Authorization criteria link

ACC Membership

Pharmacy Program Updates

How to submit a PA request:

Through **DOS 11/30/22: No change.**

- Submit **Pharmacy PA** requests electronically via **CoverMyMeds** link on the Care1st website (preferred)

<https://www.covermymeds.com/main/prior-authorization-forms/>

- Fax PA request using the **Pharmacy PA form** posted on the Care1st website to 602-778-8387 for pharmacy and in office injectable drug requests.

DOS 12/01/22 and after:

- Submit **Pharmacy PA** requests electronically via **CoverMyMeds** link on the Care1st website (preferred)

<https://www.covermymeds.com/main/prior-authorization-forms/>

- Fax Pharmacy PA requests using the **Pharmacy PA form** posted on the Care1st website to 602-778-8387.
- Fax In office injectable PA drug requests using the **Outpatient Medicaid PA form** to 833-417-0447

RBHA Membership

Pharmacy Program Updates

Effective 10/01/22

Care1st Preferred Drug Lists

Please refer to our website www.care1staz.com

- Integrated PDL
- Behavioral Health PDL
- Crisis PDL
- SABG PDL

Pharmacy PA criteria:

- Care1st will follow AHCCCS FFS PA criteria requirements.
- Visit the Care1st website or the AHCCCS website at <https://www.azahcccs.gov/PlansProviders/Pharmacy/>

Click on the AHCCCS Fee-For-Service Prior Authorization criteria link

RBHA Membership

Pharmacy Program Updates

Effective 10/01/22

Drug PA authorizations:

Drug PA authorizations will be honored for new RBHA members transitioning from Health Choice.

Pharmacy PA authorizations

- **Start date: members effective eligibility date**
- **End date: end date on file OR 09/30/2023**

**For new medication starts we will require PA.*

In office injectable drugs PA authorizations

- **Start date: members effective eligibility date**
- **End date: end date on file OR 12/31/2022**

How to submit a PA request:

- Submit **Pharmacy PA** requests electronically via **CoverMyMeds** link on the Care1st website (preferred)

<https://www.covermymeds.com/main/prior-authorization-forms/>

- Fax Pharmacy PA requests using the **Pharmacy PA form** posted on the Care1st website to 602-778-8387.
- Fax In office injectable PA drug requests using the **Outpatient Medicaid PA form** to 883-417-0447

ACC & RBHA Membership

Pharmacy Program Updates

Hepatitis C drugs PA requirement Update:

- Effective **10/01/22** preferred agents **Mavyret** for 8 week of therapy and the authorized generic of Epclusa (**sofosbuvir/velpatasvir**) for 12 weeks will be available **without** prior authorization for members who are **treatment naïve**.

New Century Health (NCH) Implementation:

- Effective **12/01/22** all requests for oncology drugs/supportive drugs must be submitted to New Century Health directly.
- Complete an authorization request by:
 - Logging into the NCH Provider Web Portal:
<https://my.newcenturyhealth.com>
 - Calling 1-877-624-8601 (Monday – Friday 5 a.m. to 5 p.m. PST)
 - Faxing the authorization form to 1-877-624-8602



Immunization Update

- Pevnar 13 only indicated for Pediatrics now
- Pevnar 15 and Pevnar 20 FDA approved in 2021
 - Adults 65+
 - Adults 19-64 with risk factors
 - Vaccinations available at the pharmacy
- Zoster Vaccine expansion:
 - Adults 19-49 years who are or will be immunodeficient due to disease or therapy can be vaccinated.
- Hepatitis B Immunization:
 - Universal recommendation for everyone < 60 Years old.
 - 60 and older based on risk/optional.

Contact Information

For Pharmacy Questions:

Care1stpharmacy@care1staz.com



Behavioral Health Services

Vicki Cons

Director, BH Services



BEHAVIORAL HEALTH

Services In Schools

- Purpose
- Service Delivery
- Benefits
- Eligibility
- Servicing Providers



No Wrong Door

Purpose

- No Wrong Door!
- Maximizing opportunities for children and families to get connected to services from anywhere.
- Informed Decision Making
- Allows the child and family to make informed decisions as to:
 - their choice of provider,
 - where they would like to receive services and
 - the frequency/intensity of those services

Service Delivery

- On-Site Services and Supports
 - Agencies who provide services on the school campus
- Referral-Based Programs
 - Schools prefer a direct referral process to a community-based behavioral health agency(ies).
 - This program directly connects children and their families to an agency with whom the school has an established relationship.
 - This facilitates access to timely services for their students and also adds a level of comfort for students and families that there is a connection between their health care provider and the school

Benefits

- Raise Awareness of Available Services
- Make It Easier to Access Services
- Strengthen the Network of Care to Meet Children's Needs
- Increase Support for Children and Families



Eligibility

- All Children can be served!



Servicing Providers

Child & Family Support Services (Coconino)	Encompass Health Care (Coconino)	Child & Family Support Services (Yavapai)
Spectrum Healthcare Group (Yavapai)	Southwest Behavioral Health (Mohave, Kingman)	Southwest Behavioral Health (Mohave, Bullhead City)
ChangePoint Integrated Health (Navajo: Winslow, Holbrook, Show Low)	Mohave Mental Health Center	

First Episode Psychosis (FEP)

- What is FEP?
- Service Delivery
- Servicing Providers





What is FEP?

- Member has experienced a recently developed psychotic illness (typically within the past 2 years) and are between the ages of 15 to 29.
- Applicable diagnoses:
 - Schizophrenia
 - Schizoaffective disorder
 - Schizophreniform disorder
 - Delusional disorder
 - Psychotic disorder NOS (Not Otherwise Specified)
 - Spectrum or affective disorders with psychotic features
- Psychosis: general term to describe a set of symptoms of mental illnesses that result in strange or bizarre thinking, perceptions, behaviors and emotions.

An illustration of a hand in a dark suit sleeve holding a red and white lifebuoy. The background is a light teal color with stylized white clouds and a white boat on the left. Below the lifebuoy, another hand with a colorful striped bracelet is shown reaching up. At the bottom, there are several books and papers scattered around.

Early Intervention

- Can be treated and early intervention increases the chance of a successful recovery.
- Research supports a variety of treatments for first episode psychosis, especially Coordinated Specialty Care (CSC)



Programming

- Coordinated Specialty Care:
 - Case Management:** working to develop problem-solving skills, manage medication and coordinate services.
 - Family Support & Education:** giving families information and skills to support their loved one's treatment and recovery.
 - Psychotherapy:** learning to focus on resiliency, managing the condition, promoting wellness and developing coping skills.
 - Medication Management:** finding the best medication at the lowest possible dose.
 - Supported Education & Employment:** providing support to continue or return to school or work.
 - Peer Support:** connecting the person with others who have been through similar experiences.



Servicing Providers

- List of contracted behavioral health providers: www.care1staz.com (click on our network)
- Care1st Member Services: (602) 778-1800 or (866) 560-4042 TTY: 711.
- Point of Contact
Virginia (Vicki) Cons
Director, BH Services
(602) 570-1048
vcons@care1staz.com

Autism Spectrum Disorder (ASD)

- Referring & Locating Providers
- Resources & Support





Connecting to Services

- Outpatient Clinic Provider (PT 77, IC, FQHC) for specific services (i.e. peer support, counseling, etc.) as an intake/assessment and treatment plan must be completed indicating the service(s) to be provided are medically necessary.
- Contacting Care1st Member Services at 602.778.1800 or 1.866.560.4042.
- Referring to the provider directory: www.care1staz.com>Providers>Our Network
- Contacting the Care Coordination line Monday-Friday 8 a.m.-5 p.m. at 602.778.8301
- Submitting a referral to Care Management by using the Care1st Care Management Referral Form, which can be found at <https://care1staz.com/az/providers/frequentlyusedforms.asp>
- List of ASD Servicing Providers: (<https://www.care1staz.com/az/providers/network.asp>)

Resources & Support

- <https://www.care1staz.com/az/members/links.asp>

CARE 1st ARIZONA

Provider Login | MyCare

Community Resources

CARE 1st ARIZONA

CareGat Health Plan Arizona, Inc. is committed to partnering with the communities we serve to deliver the highest quality integrated healthcare. We work with a variety of community organizations to provide comprehensive up-to-date information on programs, services and resources to help our members improve and maintain their overall health.

These links are provided for informational purposes only. CareGat Health Plan Arizona, Inc. does not endorse, and has no control over or responsibility for, the linked sites or the content, advertisements, materials, products or services available on or throughout these sites.

Community Connections & Here For You

Everyone deserves to live the best life possible. Yet a lot of things can affect your ability to do that. A phone call to our Community Connections Help Line can match you with services. Plus it's here for both health plan members and non-members. Our Peer Coaches will listen to your challenges. They can refer you to more than 1.2 million resources – all over the country or right in your local area.

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

Program services vary depending on your needs, but may include:

- Financial Assistance (Utilities, Rent)
- Medication Assistance
- Housing Services
- Transportation
- Food Assistance
- Affordable Childcare
- Job/Education Assistance
- Family Supplies (Diapers, Formula, Cribs and More)

For Members

- COVID-19
- Find a Doctor, Hospital, Urgent Care, Pharmacy
- Behavioral Health Crisis Hotlines
- Prescription Drug
- Member Handbook
- Healthy Rewards
- Care Management Program
- Community Resources
- Member Newsletters
- Smoking Cessation
- Member Advocacy Council
- Member Advocacy Tools
- Prior Authorization Guidelines & Criteria
- Disease Management
- Practice and Preventive Health Guidelines
- Quality Measure Results
- AHCCCS Member and Provider Survey Results
- Notice of Privacy Practices
- Compliance/MPAA
- Preventing Fraud
- Resources for Adoptive Families
- Steps 2 Success
- What to do if you have a problem or a complaint
- Contact Us

- General Resource and Referral
- Advocacy Organizations
- Behavioral Health (Mental Health and Substance Use Disorders)
- Children's Health and Wellness
- Employment
- Food Resources
- Foster Care and Adoption
- Housing
- Individuals with Autism Spectrum Disorder (ASD)

Resources continued...

Provider	Service Description
The Arc's Autism NOW Center	The Autism NOW Center provides high quality resources and information in core areas across the lifespan to individuals with Autism Spectrum Disorders (ASD) and other developmental disabilities, their families, caregivers, and professional in the field. Focus areas include early detection, Early intervention, and Early education; Transition from high school into early adulthood; Community based employment; Advocacy for families and self-advocates; and Networking in local, state, and national arenas.
Arizona Autism Coalition	The Arizona Autism Coalition improves the lives of individuals with Autism Spectrum Disorder and their families in Arizona by sharing resources and affecting autism systems reform through statewide collaboration and advocacy. The Coalition goals and objectives are designed to provide and support an inclusive membership organization for all service providers and families affected by autism in Arizona.
Autism Speaks	Autism Speaks is dedicated to promoting solutions for the needs of individuals with autism and their families through advocacy and support, increased understanding and acceptance and research into causes and better interventions for Autism Spectrum Disorder (ASD).

COMING SOON!

Centers of Excellence (COEs)



- Are facilities and/or programs that are recognized as providing the highest levels of leadership, quality, and service. COEs align physicians and other providers to achieve higher value through greater focus on appropriateness of care, clinical excellence, and patient satisfaction.
- Children's System of Care
Center of Excellence for children with the following special healthcare needs:
 1. Children aged birth to five with behavioral health needs
 2. **Children at risk of/with Autism Spectrum Disorder (ASD)**
 3. Adolescents with Substance Use Disorders
 4. Transition Aged Youth
- Adult System of Care
Center of Excellence for chronic pain with or without co-occurring substance use disorders that address behavioral and physical healthcare needs.

PCP Requirements

- Screening
- Coordination of Care, Treatment of Opioid Use Disorder (OUD), Step Therapy
- Medical Records



Screening Tools

▸ Depression

▸ [PHQ](#)

▸ [PHQ-A](#) PDF

▸ [PHQ-2](#) PDF

▸ Anxiety

▸ [GAD-7](#) PDF

▸ Trauma

▸ [ACES](#) PDF

▸ Substance Use

▸ [CAGE](#) PDF

▸ [DAST](#) PDF

▸ [SBIRT](#)

▸ Suicide Risk

▸ [C-SSRS](#)

▸ Social Determinants of Health (SDOH)

▸ [PRAPARE](#)

Screening

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

Resources:

- <https://www.care1staz.com/az/providers/preventivehealth.asp>
- Contact Care1st for a list of available trauma informed/certified therapists



Screening continued...

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

Streamline Referral Process

Calling Member Service Line: 602.778.1800 or
1.866.560.4042



Coordination of Care, OUD Treatment, Step Therapy

- **Coordination of Care:**
 - PCPs can treat behavioral health conditions within their scope of practice
 - Inform the member that non-medication management services, such as counseling, are available through Care1st and how to access those services.
 - Assist with coordinating transfer to BH provider is needed and ensure sufficient medication, if applicable
- **OUD Treatment:** PCP must refer the member to a behavioral health provider for the psychological and/or behavioral therapy component of the Medication Assisted Treatment (MAT) model and coordinate care with the behavioral health provider.
- **Step Therapy:** if receive documentation from a behavioral health provider regarding completion of step therapy, the PCP will continue medication at the same brand and dosage unless a change in medical condition occurs.

Medical Records

- Medical records are maintained in a detailed and comprehensive manner, regardless if the PCP has not yet seen the member.
- Retain consent and authorization for medical records as prescribed in A.R.S. §12-2297 and in conformance with AHCCCS Policy.
- PCP provide clinical information regarding member's health and medications to the treating provider, including behavioral health providers, within 10 business days of a request from a provider.





BH Utilization Management

Submission of Requests for Authorization



Treatment Authorization Request
Ph 602.778.1800 (Options 5, 6) Fax 602.778.1838



- AHCCCS DDD ONECare
 Routine Urgent (May seriously jeopardize member's life, health or function level) Retroactive

Patient Information	
Member Name:	Date of Birth:
Member Address (Street):	
Member Address (City, State, Zip):	Male <input type="checkbox"/> Female <input type="checkbox"/>
Member ID:	
Requesting Physician's Name: (PLEASE PRINT)	Group/Practice Affiliation:
Office Contact Name:	Phone: Fax:
Service Information	
Referred To:	Group/Practice Affiliation:
Date of Request:	Anticipated Date of Service: Specialty:
Provider Address:	
Phone:	Fax: FQHC Location?: Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments:	
Hospital Name:	Other:
Service(s) Requested	
<input type="checkbox"/> Hospital Admit	<input type="checkbox"/> Hospital Outpatient <input type="checkbox"/> ASC <input type="checkbox"/> In-Office Proc/Testing <input type="checkbox"/> Consult Only <input type="checkbox"/> Follow-up Visits (Atsch Relevant Data, Notes, Tests, Etc.) <input type="checkbox"/> Health Education
Requested Service/Procedure:	CPT 4 Code(s): Unit(s):

ACC Form
Fax: 602.778.1838



MEDICAID OUTPATIENT AUTHORIZATION
ARIZONA CARE1ST

Physical Health Fax to: 833-592-1301
Behavioral Health Requests Fax to: 833-592-1301
Transplant Requests Fax to: 833-592-1301
Biopharmacy Fax to: 833-477-0447

Request for additional units. Existing authorization: _____ units: _____
 Standard requests - Determination within 14 calendar days of receiving all necessary information.
 Urgent requests - I certify this request is urgent and medically necessary to treat an injury, illness or condition within 72 hours to avoid complications and unnecessary suffering or severe pain.

*** INDICATES REQUIRED FIELD**

MEMBER INFORMATION

*Medicaid/Member ID: _____ Last Name, First (last4): _____ Date of Birth: _____

REQUESTING PROVIDER INFORMATION

*Requesting NPI: _____ *Requesting TIN: _____ Requesting Provider Contact Name: _____
 Requesting Provider Name: _____ Phone: _____ Fax: _____

SERVICING PROVIDER / FACILITY INFORMATION

Same as requesting provider

*Servicing NPI: _____ *Servicing TIN: _____ Servicing Provider Contact Name: _____
 Servicing Provider/Facility Name: _____ Phone: _____ Fax: _____

AUTHORIZATION REQUEST

*Primary Procedure Code: _____ Additional Procedure Code: _____ *Start Date OR Admission Date: _____ *Diagnosis Code: _____
 (CPT/HCPCS) (Modifier) (CPT/HCPCS) (Modifier) (MM/DD/YYYY) (ICD-10)

Additional Procedure Code: _____ Additional Procedure Code: _____ End Date OR Discharge Date: _____ Total Units/Visits/Days: _____
 (CPT/HCPCS) (Modifier) (CPT/HCPCS) (Modifier) (MM/DD/YYYY) (ICD-10)

***OUTPATIENT SERVICE TYPE** (Enter the Service type number in the boxes)

470 Auditory	710 Nutritional supplements and/or services	533 BH Applied Behavioral Analysis
900 Drug Testing	790 Occupational Therapy	535 BH Electroconvulsive Therapy
905 Genetic Testing & Counseling	997 Office Visit/ Consult	536 BH Intensive Outpatient Therapy
949 Home Health	794 Outpatient Services	570 BH Medical Management
719 Cochlear Implants & Surgery	717 Outpatient Surgery	579 BH Outpatient Therapy
999 Experimental and Investigational Services	900 Pain Management	500 BH Professional Fees
	101 Physical Therapy	501 BH Psychological Testing
	650 Radiation Therapy	534 BH Day Treatment
	901 Sleep Study	

Drugs
 499 Biopharmacy (For Buy & Bill Drug Requests to P-833-477-0447)
 477 DME - Rental
 700 DME - Purchase (Includes PMA)

Behavioral Health

490 Boarder Baby
 779 C-Section Delivery
 125 Long Term Acute Care
 970 Medical
 300 Neonate
 414 Premature/Palae Labor
 427 Rehab
 402 Skilled Nursing Facility
 492 Subacute
 431 Surgical
 992 Transplant
 700 Vaginal Delivery

Behavioral Health

538 BH Detox
 535 BH BHF-RTC
 559 BH Psychiatric Admission
 select from the following for BH Detox:
 BH Detox (Medical Hospital)
 BH Detox (Subacute Facility)

ALL REQUIRED FIELDS MUST BE FILLED IN AS INCOMPLETE FORMS WILL BE REJECTED. COPIES OF ALL SUPPORTING CLINICAL INFORMATION ARE REQUIRED. LACK OF CLINICAL INFORMATION MAY RESULT IN DELAYED DETERMINATION.

Rev. 05/23/2022
AR-962-0309

RBHA Outpatient Form
Fax: 833.592.1301



MEDICAID INPATIENT AUTHORIZATION
ARIZONA CARE1ST

Physical Health Fax to: 833-592-1301
Behavioral Health Requests Fax to: 833-592-1301

Standard requests - Determination within 14 calendar days of receiving all necessary information.
 Urgent requests - I certify this request is urgent and medically necessary to treat an injury, illness or condition within 72 hours to avoid complications and unnecessary suffering or severe pain.

*** Indicates Required Field**

MEMBER INFORMATION

*Medicaid/Member ID: _____ Last Name, First (last4): _____ *Date of Birth: _____

REQUESTING PROVIDER INFORMATION

*Requesting NPI: _____ *Requesting TIN: _____ Requesting Provider Contact Name: _____
 Requesting Provider Name: _____ Phone: _____ Fax: _____

SERVICING PROVIDER / FACILITY INFORMATION

Same as Requesting Provider

*Servicing NPI: _____ *Servicing TIN: _____ Servicing Provider Contact Name: _____
 Servicing Provider/Facility Name: _____ Phone: _____ Fax: _____

AUTHORIZATION REQUEST

*Primary Procedure Code: _____ Additional Procedure Code: _____ *Start Date OR Admission Date: _____ *Diagnosis Code: _____
 (CPT/HCPCS) (Modifier) (CPT/HCPCS) (Modifier) (MM/DD/YYYY) (ICD-10)

Additional Procedure Code: _____ Additional Procedure Code: _____ Discharge Date (if applicable) otherwise Length of Stay will be based on Medical Necessity: _____ Additional Diagnosis Code: _____
 (CPT/HCPCS) (Modifier) (CPT/HCPCS) (Modifier) (MM/DD/YYYY) (ICD-10)

***INPATIENT SERVICE TYPE** (Enter the Service type number in the boxes)

490 Boarder Baby
 779 C-Section Delivery
 125 Long Term Acute Care
 970 Medical
 300 Neonate
 414 Premature/Palae Labor
 427 Rehab
 402 Skilled Nursing Facility
 492 Subacute
 431 Surgical
 992 Transplant
 700 Vaginal Delivery

Behavioral Health

538 BH Detox
 535 BH BHF-RTC
 559 BH Psychiatric Admission
 select from the following for BH Detox:
 BH Detox (Medical Hospital)
 BH Detox (Subacute Facility)

ALL REQUIRED FIELDS MUST BE FILLED IN AS INCOMPLETE FORMS WILL BE REJECTED. COPIES OF ALL SUPPORTING CLINICAL INFORMATION ARE REQUIRED. LACK OF CLINICAL INFORMATION MAY RESULT IN DELAYED DETERMINATION.

RBHA INP Form
Fax: 833.592.1301



Clinical Criteria

- **Mental Health as Primary Dx**
Care1st will utilize InterQual (Q) for all levels of care to determine medical necessity unless AHCCCS has a policy or guideline
- **Substance Use as Primary Dx**
Care1st utilizes ASAM for all levels of care to determine medical necessity
- **Co-Occurring Dx (MH and SUD)**
The BH Provider will determine primary conditions to be treated and will submit a treatment plan based on the primary condition of the member

Points of Contact

Virginia Cons

Director, Behavioral Health Services

Email: vcons@care1staz.com

Direct: (602) 778-1834

Kim R. Fisher, LMHC

Sr. Utilization Management Reviewer

Email: Kim.Fisher@care1staz.com

Direct: (602) 778-1862

Facility Assigned Reviewer:

- Kim Fisher: kim.fisher@care1staz.com
- Gary Lenzo: gary.lenzo@care1staz.com
- Deborah Allen: Deborah.allen2@care1staz.com
- Angela Myers: angela.myers2@care1staz.com
- Thomas Cooper: Thomas.a.cooper@care1staz.com

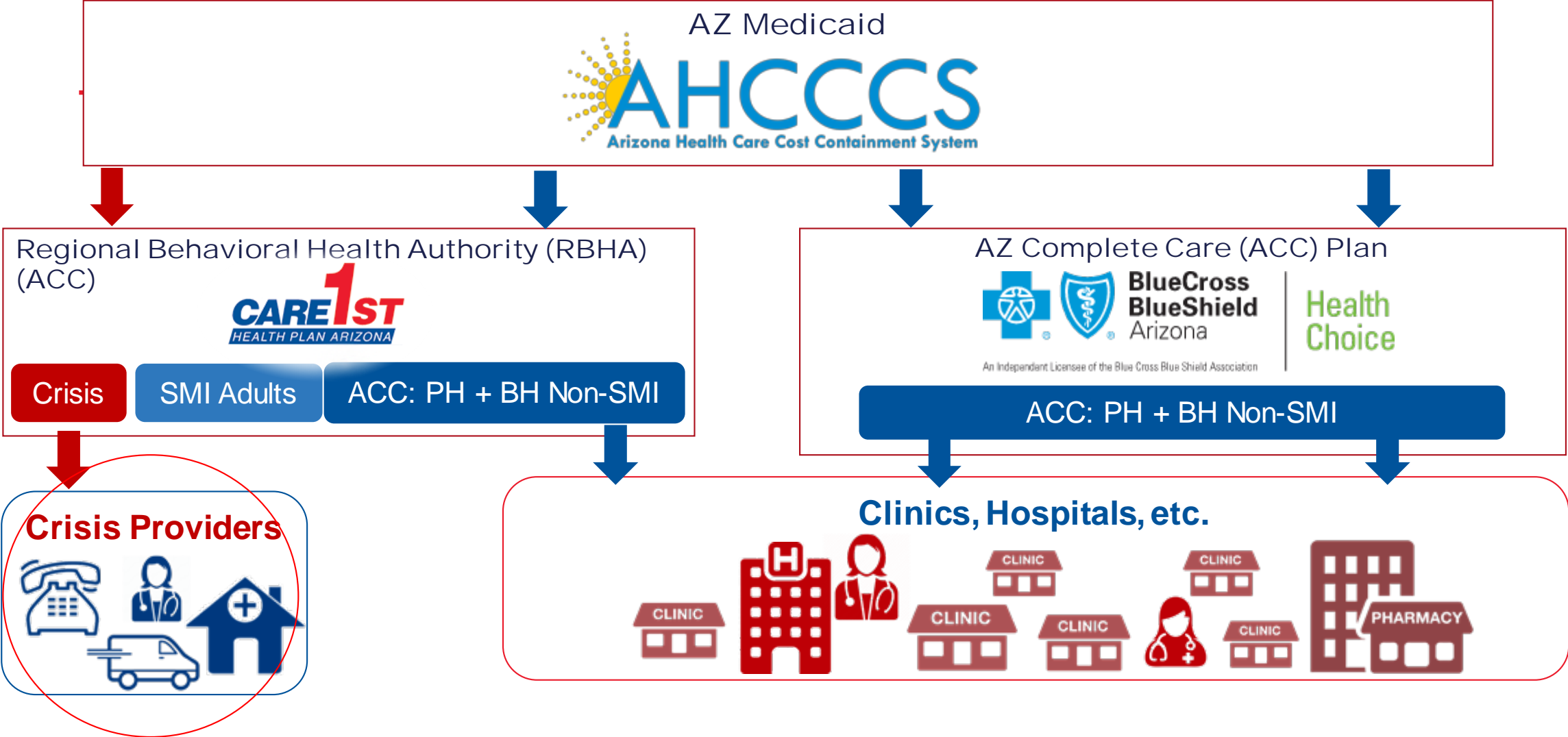


Crisis System Change on the Horizon

Johnnie Gasper

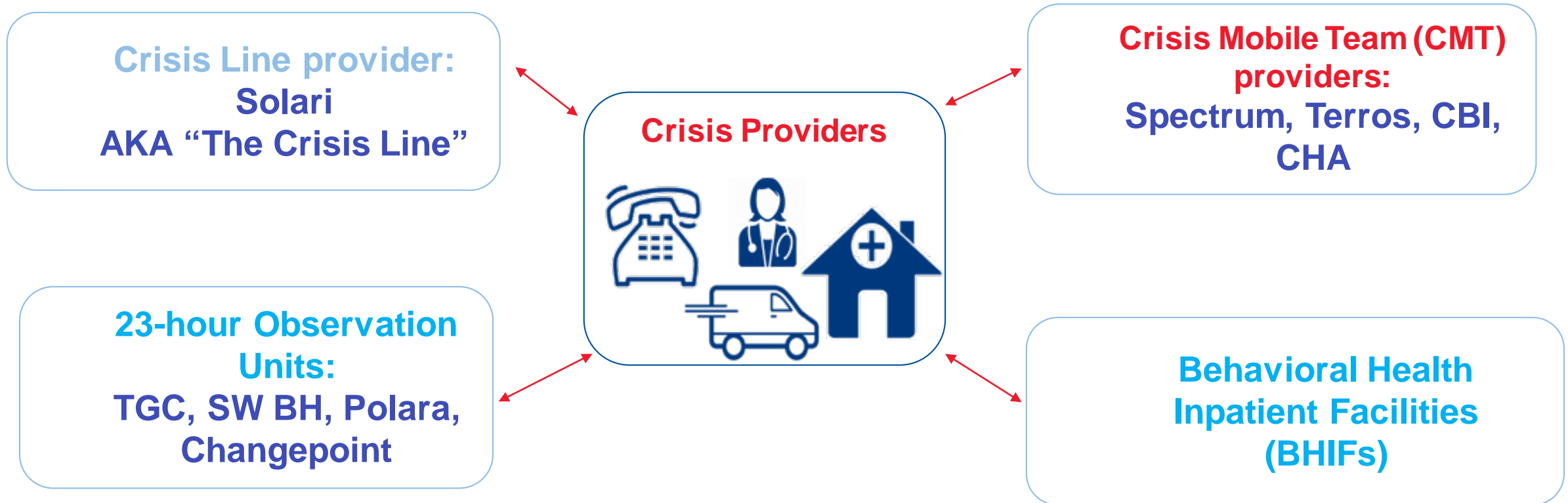
Director, Justice System & Crisis Systems

Crisis System Structure (Northern GSA)

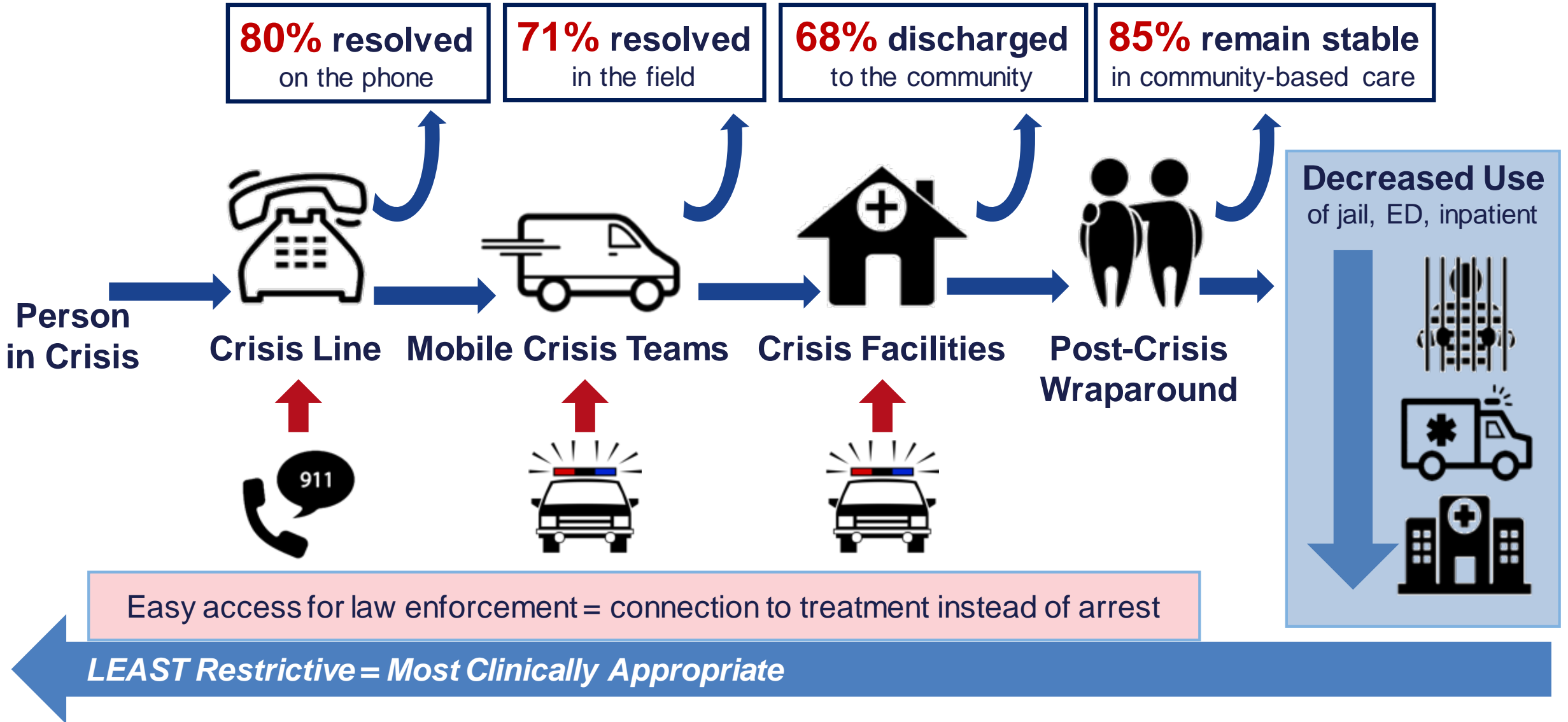


Who Provides Crisis Services?

As the RBHA, Care1st contracts with various service providers and monitors their performance.
EVERYONE is eligible for crisis services, regardless of insurance status.



System In Practice – S. Az



Coordination of Care

- 24hr Summary reporting to assigned MCO/ACC
- 24hr Summary reporting to identified outpatient BH
 - Provided via secure email
- 24/7 real time outpatient scheduling (Intake, Crisis Follow Up, BHMP Follow Up)
- 24/7 real time coordination of care with outpatient AOC

Crisis Tools in the Future

- Response to 23hr Obs and inpatient for Enrollment
- 24/7 Outpatient coordination
 - Agency AOC's for all those enrolled
- Centralized Coordination to the Crisis Line
 - Disposition review and aftercare coordination
- 24/7 Outpatient scheduling
 - Portal based – updated in real time

Member Placement Needs

Gender [ⓘ]
 Female
 Male
 Other

Age Range [ⓘ]
 Youth (2-12)
 Adolescent (13-17)
 Adult (18+)
 Geriatric (65+)

Program (Facility Level) [ⓘ]
 Inpatient
 BIP
 AIC
 BHRF

Placement Type [ⓘ]
 COE Revocation

Member Needs [ⓘ]
 SUD Medical

Facility	Contact	Status	Last
Mon Ami: Dennis St, Mesa (BHRF)	(480) 380-4413	Open	1hr
LFC: Casa De Vida (BHRF)	(520) 838-5752	Open	2hr
La Frontera: Thornydale Ranch (BHRF)	(520) 579-8786	Full	2hr
La Frontera: Mountain Rose (BHRF)	(520) 572-9320	Open	2hr
La Frontera: Menninger (BHRF)	(520) 408-5475	Full	2hr
Southwest Behavioral: Round Valley (BHRF)	(928) 468-2399	Open	2hr
Winding Woods Manor: Gilbert (BHRF)	(951) 707-7337	Full	2hr
Winding Woods Manor: Chandler (BHRF)	(951) 707-7337	Full	2hr
Cadens Health and Wellness: Desert Lane (BHRF)	(602) 718-4018	Open	3hr
Cadens Health and Wellness: Apollo (BHRF)	(602) 718-4018	Open	3hr

If You Encounter a Problem...

- If your call to the Crisis Line doesn't go as described, ask for the **LEAD (Supervisor)**
- Still having troubles? Ask for the **Care1st Crisis On-Call**
 - Real-time
 - Critical incident support/notification
- If your issue is NOT an emergency but you would like to have it addressed, please notify your leadership/chain of command and email your Liaison the following:
 - Date/Time of incident
 - Subject's name/DOB
 - A brief incident summary

We will research the issue and follow up with you!

Community Trainings

Crisis System Overview

- Covers what to expect from the Crisis System, how to access services, and what to do when issues arise

Resiliency

- Resiliency 101- Stress, PTSD & suicide risks, and resiliency
- Resiliency: 5 Skills: Develop and practice 5 key skills: Belief, Strength, Persistence, Trust, Adaptability (OTLI) [Instructor Cert: Dec 5-7](#)

Trauma-Informed Care

- Increase understanding of trauma, awareness of impact of trauma on behavior and develop trauma-informed responses
- 4-hour class for Criminal Justice Professionals

Mental Health First Aid

- Adult, Youth, Public Safety, Fire/EMS & Veteran modules
- AzCH covers the cost of instructors and books for any first responder agency in Northern or Southern Arizona
- All First Responder Services Team Members are MHFA instructors

CIT

- Contributor Pima/Tucson CIT
- Committed to assisting any Northern or Southern Arizona County/City interested in initiating additional CIT programs

Questions?

Johnnie Gasper

Director, Justice & Crisis Systems

Arizona Complete Health-Complete Plan/Care1st Health Plan

520-240-7417 (cell)

Johnnie.Gasper@azcompletehealth.com

Amy Devins

Supervisor, First Responder Services

Justice & Crisis Systems

Arizona Complete Health-Complete Care Plan/Care1st Health Plan

520-391-1027 (cell)

adevins@azcompletehealth.com



Care1st Claims

Anthony Crooks
Sr. Claims Liaison

Updates and reminders



Rendering provider clinic level billing

- Effective 10/01/2022 AHCCCS requires the rendering provider to be documented on clinic level billing for Integrated clinics and Outpatient Behavioral Health clinics.
- Paper Claims Field 19 and EDI Claims 2300 NTE segment
 - XX NPI last name, first name or
 - XX999999999 last name, first name for non-registerable provider

CTDS School code for behavioral health services place of service 03

- Effective 07/01/2021 the 9 digit CTDS identifier assigned to the school must be reported on all claims for school based services as follows
 - Paper claims field 19 and EDI claims 2300 NTE Loop
 - 0B followed by 9 digit school ID
 - Example 0B123456789

Additional Claim Submission Instructions - *RBHA DOS ON AND AFTER 10/1/2022*

RBHA Professional Services

- When billing a professional service with dates of *service (DOS) spanning before and after 10/1/22*, to avoid eligibility rejections, please split the services into two separate claim submissions.
- Also, if the 1st DOS on claim is prior to 10/1/22 the claim will be rejected, so please make sure the 1st DOS listed is 10/01/22 or after.
- Submit DOS prior to 10/1/22 to Health Choice and DOS 10/1/22 on and after to Care1st:
 - Professional (837P) service date for all claim lines is in Loop 2400 (DTP*472*from- through~) or in FL-24a the unshaded area on the CMS1500 02/12 paper form.

RBHA Institutional Outpatient Bill Type and Non-DRG Services

- When billing dates of service *spanning before and after 10/1/22*, to avoid eligibility rejections, please split the services into two separate claim submissions.
- Also, if the 1st DOS on the claim is prior to 10/1/22, the claim will be rejected; please make sure the 1st DOS listed is 10/01/2022 or after.
- When billing services with an outpatient bill type or non-DRG institutional services, please use the earliest “From Date” in the claim submission.
 - Institutional statement earliest service date is in Loop 2300 (DTP*434*from-through~) or in FL-06 of the UB-04 CMS-1450 paper form.

RBHA Institutional Inpatient DRG Services

- When billing institutional inpatient DRG services please use the ‘Through Date Institutional’ statement date located in Loop 2300 (DTP*434*from-through~) or FL-06 of the UB-04 CMS-1450 paper form.
- Should the admission date and discharge date span the 10/1/22 cutover date, AHCCCS requires that the “From Date” be sent as the subscriber’s earliest effective date with the payer responsible for the claim based on the date of discharge.
- Also, if the 1st DOS on the claim is prior to 10/1/22, the claim will reject; please make sure the 1st DOS listed is 10/1/22 or after.

Reminders continued



Inpatient Behavioral Health billing

- To expedite processing and avoid denials for overlapping services please bill all inpatient behavioral health services on a single claim.

FQHC Nutritional counseling

- Nutritional counseling services (CPT 97802) are not separately payable when billed with an E&M for a physical medicine encounter.

Primary payment information on electronic submissions.

- All line level COB data must be entered on CMS1500 claims
- When entering CARC code CO 96 a second code must be entered with the specific reason for denial

Laboratory Services

- Sonora Quest is the exclusive laboratory for Care1st members and referrals to out of network laboratories rank among the highest number of denials for out of network providers each month.
- Drug screenings regularly account for the highest individual number of tests in this category

Claims reminders continued

Top Encounters Rejections



Current top rejections from AHCCCS encounters

- Place of service/provider type is invalid for the procedure
 - Covid testing CPT U0003, U0004
- Detail service provider NPI not on file
 - Billing entity NPI in 24J
- Provider not eligible for category of service
 - Service category 12 Labs
- Exact Duplicate

Top 5 Denial Reasons and Reminders to Reduce Denials:



- **Primary Insurance on file-Bill Primary Insurance:**

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

- **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

- **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
- Notify your Provider Rep of claims resubmission projects exceeding 100 claims

- **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. Mailbox for questions on rejections EDI-Master@wellcare.com

- **Patient Not Eligible on Date of Service:**

- Confirm eligibility on AHCCCS online or with Care1st Customer Service at time of service or prior to claims submission
- All members in the Central GSA transition to Arizona Complete Health 10/01/21

Prior Authorization Reminders



- To avoid denials include the prior authorization approval number on all professional claims in field 23 (EDI Loop 2300 REF/G1)
- Top 5 Authorization denials last quarter
 - 96127 – 1,023
 - H0015 – 55
 - H0018 – 55
 - 81513 – 29
 - 76376 – 24
- Prior authorization grid located on the Care1st website – Searchable by code



Grants Administration

Tania Long-Gervais

Sr. Manager, BH and Grants Administration
Arizona Complete Health-Complete Care Plan

Care1st Health Plan

Grants Administration Implementation

RBHA Non- Title XIX/XXI Programs

- AzCH-CCP and Care1st are partnering to implement Grants Administration for the upcoming October 1, 2022 RBHA transition.
- AzCH-CCP and Care1st are in the process of Non-Title XIX/XXI Discussions with providers to review:
 - Current programming
 - Interest in expansion programming
 - Finance updates and questions
 - Current system of sharing information with the RBHA
 - Barriers
 - Success stories
- AzCH-CCP and Care1st will begin holding Non-Title XIX/XXI provider meetings occurring after 10/1/22.

Grants Administration Contacts

RBHA Non- Title XIX/XXI Programs

Behavioral Health and Grants Administration

- Tania-Long Gervais - talong@azcompletehealth.com
- Daniel Landers - MHBG SED; MHBG SMI; CBHSF - dlanders@azcompletehealth.com
- Cara Lewandowski - MHBG FEP - clewandowski@azcompletehealth.com
- Julie Mack - Suicide Prevention, TB, HIV and HEP - jumack@azcompletehealth.com
- April Guzman - SOR - april.guzman@azcompletehealth.com
- Claudia Adams - SABG; SOR - claudia.adams@azcompletehealth.com
- Jenifer Kent - PPI; SOR - jekent@azcompletehealth.com

Finance

- Susie Scott - SusScott@azcompletehealth.com
- Blanca Hellie - Blanca.Hellie@azcompletehealth.com
- Maricela Ramirez Romero - Maricela.RamirezRomero@azcompletehealth.com
- Bruce Moehlman - RMoehlman@azcompletehealth.com

Substance Abuse Block Grant (SABG)

RBHA Non- Title XIX/XXI Programs

- Grantees use the funds to plan, implement, and evaluate activities that prevent and treat substance abuse and promote public health.
- SABG funds are used to ensure access to treatment and long-term recovery support services for priority populations established by the Substance Abuse and Mental Health Administration (SAMHSA) including the following populations in order of priority:
 - Pregnant women/teenagers who use drugs by injection,
 - Pregnant women/teenagers who use substances,
 - Other persons who use drugs by injection,
 - Substance using women and teenagers with dependent children and their families, including females who are attempting to regain custody of their children, and
 - All other individuals with a substance use disorder, regardless of gender or route of use, (as funding is available).
- HIV Services
- Pregnant and Parenting Individuals Services



Mental Health Block Grant (MHBG)

RBHA Non- Title XIX/XXI Funding

- Grantees use the funds to provide comprehensive, community-based mental health services to adults with serious mental illnesses and to children with serious emotional disturbances (SED) and to monitor progress in implementing a comprehensive, community-based mental health system.
- MHBG funds are used to ensure access to a comprehensive system of care, including employment, housing, case management, rehabilitation, dental, and health services as well as mental health services and supports.

Mental Health Block Grant (MHBG)

RBHA Non- Title XIX/XXI Funding

- First Episode Psychosis (FEP) support evidence-based programs providing treatment for those who have experienced a first episode of psychosis within the past 2 years. Program models may include principles identified by National Institute of Mental Health (NIMH) via the Recovery After an Initial Schizophrenia Episode (RAISE) initiative. Eligible diagnoses may include:
 - Schizophrenia
 - Schizoaffective disorder
 - Psychotic disorder not otherwise specified (NOS)

State Funding

RBHA Non- Title XIX/XXI Funding

- SUDS – Substance Use Disorder Services
 - Last resort after SABG
 - As part of the new Opioid Epidemic Act, Governor Ducey has allocated \$10 million dollars to enhance treatment services across the state for individuals with Opioid Use Disorder.
- CBHSF – Children’s Behavioral Health Services Funds
 - Last resort after MHBG
 - In 2020, the Arizona Legislature passed Jake’s Law which funds behavioral health services for uninsured and underinsured children who are referred through an educational institution.



State Opioid Response Grant II

RBHA Non- Title XIX/XXI Funding

- The overarching goal of the State Opioid Response II grant is to increase access to OUD treatment, coordinated and integrated care, recovery support services and prevention activities to reduce the prevalence of OUDs, stimulant use disorders, and opioid-related overdose deaths. The project approach includes developing and supporting state, regional, and local level collaborations and service enhancements to develop and implement best practices to comprehensively address the full continuum of care related to stimulant and opioid misuse, abuse and dependency.
- State Opioid Response Grant II will be closing on September 29, 2022
- State Opioid Response Grant III Year 1 will begin on September 30, 2022



SABG Services to TXIX/TXXI Members

RBHA Non- Title XIX/XXI Funding

- The SABG funds are specifically allocated to provide services that are not otherwise covered by Title-XIX/XXI funding.
- This includes substance use services for individuals who do not qualify for Title XIX/XXI eligibility, as well as certain services for TXIX/XXI members for non-Medicaid reimbursable services identified by AHCCCS in the Covered Services Guide when medically necessary.
- SABG services for TXIX/XXI individuals include:
 - Auricular Acupuncture
 - Childcare Supportive services
 - Traditional Healing
 - Room and Board (priority populations only – refer to AMPM 320-T1 and Care1st Provider Manual)

RBHA Non- Title XIX/XXI Funding

- The MHBG provides services that are not otherwise covered by Title-XIX/XXI funding.
- This includes mental health treatment and supportive services for individuals who do not qualify for Title XIX/XXI eligibility. MHBG funds are only to be used for allowable services identified in AMPM Exhibit 300-2B, which include
 - Traditional healing,
 - Acupuncture,
 - Room and board (SED only, not allowed for SMI based on available funding)

RBHA Non- Title XIX/XXI Funding

Providers with NTXIX/XXI Funds:

- Community Bridges (CBI)
- Encompass (EHS) (CBI)
- Little Colorado (LCBHC) (CBI)
- ChangePoint (CPIH)
- Child Family Support Services (CFSS)
- Mohave Mental Health (MMHC)
- Polara
- SW Behavioral Health (SWBH)
- Spectrum (SHG)
- The Guidance Center (TGC)
- NAZCARE
- MIKID

Crisis providers with NTXIX/XXI funds:

- Solari – Crisis Phones
- Community Bridges – CMT (Crisis Mobile Teams)
- Community Health Associates – CMT (Crisis Mobile Teams)
- Spectrum – CMT (Crisis Mobile Teams)
- Terros – CMT (Crisis Mobile Teams)

Grants Administration

ANY
QUESTIONS?

Grants Administration

RBHA Non- Title XIX/XXI Contacts

Tania Long-Gervais

Senior Manager

Behavioral Health and Grants Administration

Arizona Complete Health-Complete Care Plan

Care1st Health Plan

TaLong@AzCompleteHealth.com



CARE1ST ARIZONA LONG TERM CARE INITIATIVE

Linda Montgomery
Project Coordinator II



CARE1ST ALTCS INITIATIVE

PROJECT PURPOSE:

Identify and assist Care1st members with applying for (ALTCS) Arizona Long Term Care, who meet the criteria of needing a nursing home level of care

WHAT IS ALTCS?

An AHCCCS provided health insurance for individuals who are age 65 or older, or who have a disability, and require a nursing facility level of care. Services may be provided in a facility, in a home or community-based setting.



CARE1ST ALTCS INITIATIVE

WHO IS ELIGIBLE TO APPLY FOR LONG TERM CARE?



A person who is at risk of falling, has a diagnosis (such as, dementia, Alzheimer Disease), not able to independently perform activities of daily living (ADLs) – such as dressing, bathing, eating, etc., and needs a nursing home level of care, are all taken into account when being reviewed in the application process.

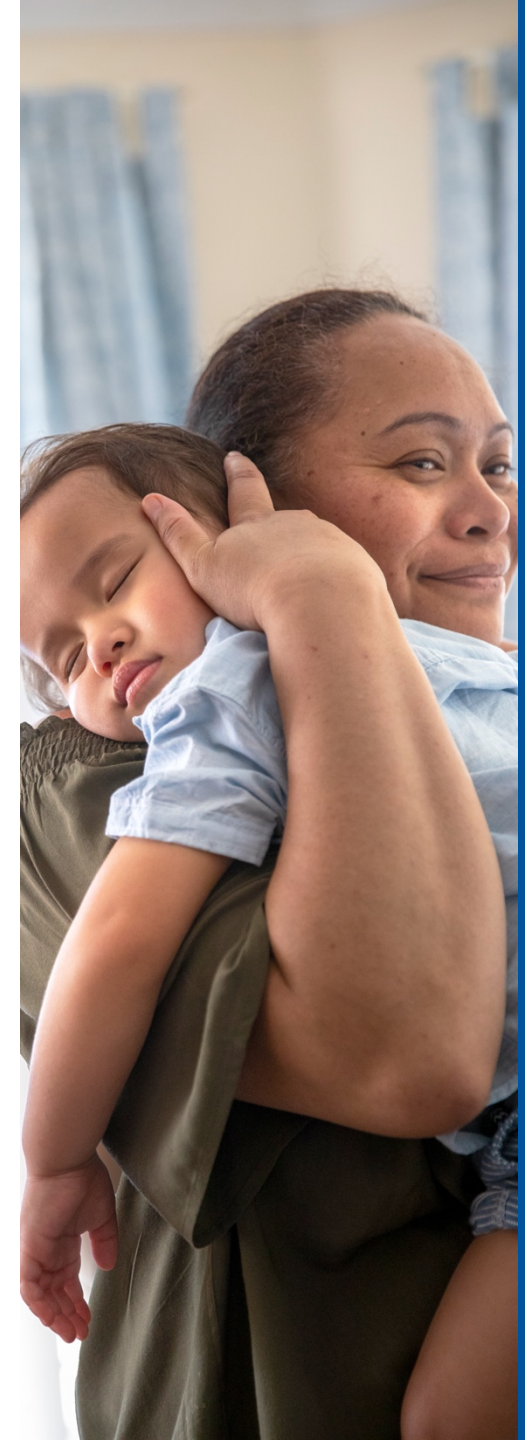
However, a formal diagnosis from a neurologist is recommended for dementia and Alzheimer Disease.

ALTCS has a separate, but similar application process for members who have Developmental Disabilities.

CARE1ST ALTCS INITIATIVE

HOW CAN A PROVIDER ASSIST IN THE ALTCS PROCESS?

- Reach out to the health plan project coordinator if a member is recognized to need a higher level of care to apply the member for ALTCS.
- Document in the member's medical records, the need for each activity of daily living (ADL), such as walking, bathing, eating, etc., any need for supervision, and lack of member's capacity to tend to their own needs.
- Care1st Project Coordinator may outreach the provider to get clarification and/or provider's professional opinion on member's medical condition, and request records.



CARE1ST ALTCS INITIATIVE

BENEFITS OF LONG-TERM CARE:

- Member can remain in their own home and get the additional assistance they need, such as having caregivers, home nursing, and homemaker services.
- At times, family members can be paid caregivers.
- Pay for assisted living facilities when needed.
- Home modifications.
- Meal Delivery.



CARE1ST ALTCS INITIATIVE

HERE IS HOW WE CAN HELP:

Answer questions about the ALTCS process.

Apply the member for ALTCS.

Assist and educate family members on the ALTCS process and benefits of having ALTCS.

Outreach members, member families, and providers for coordination and to assist in gathering documents and medical records for an ALTCS application.

Keep the member and/or family, and providers (if requested), informed of the dates and times of the financial and medical interviews.

Provide the members, families, and providers (if requested), on the progress of the ALTCS application and may request additional documents be forwarded to an assessor.

Be a liaison between ALTCS financial and medical assessors in the event of any barriers should occur.

QUESTIONS

ALTCS questions, and/or assistance, please contact:

Linda Montgomery
Project Coordinator
linda.a.montgomery@care1staz.com
480-521-3581



Behavioral Health Supported Employment Services Overview

Jen Zepeda, MA, LAC, CRC
Employment/Vocational Administrator



Introduction

What is the Role of the Employment/Vocational Administrator?

- Liaison with Arizona Department of Economic Security (ADES) and Rehabilitation Services Agency (RSA)
- Manages and oversees employment support programs, business development services, and rehabilitation-related activities
- Acts as Subject Matter Expert to all internal and external stakeholders.
- Educate Providers on Employment Initiatives and Policies
- Technical Assistance Contact for Employment related questions and conversations

Guiding Philosophy

Why is Employment Important for Members?



- AHCCCS and Care1st believe that every person has the capacity to work competitively in the community when the right kind of job and work environment is identified and supports are present.

Guiding Philosophy

Why is Employment Important for Members?



- Sense of Purpose
- Empowerment
- Increased Self-Worth and Self-Esteem
- Community Inclusion
- Reduces Stigma
- Decreases Hospitalizations
- Creates Opportunities
- Creates **HOPE**

Employment Services

How do Supported Employment Services support a member?

- Pre-Vocational Services prepare members to engage in meaningful work-related activities such as Full – or – part-time, Competitive Employment. Such Activities may include but are not limited to, the following:
 - Career/Educational counseling
 - Job Training
 - Assistance in the use of educational resources necessary to obtain employment
 - Attendance to RSA Vocational Rehabilitation Orientations
 - Assistance in finding employment
 - Resume Preparation
 - Job Interview skills
 - Professional Decorum
 - Time Management
- Ongoing Support to Maintain Employment
 - Often called job coaching
 - Monitoring and supervision
 - Assistance in performing job tasks
 - Can also be used for promotional employment or alternative employment

What is RSA/VR?

- A work program which provides a variety of services to persons with disabilities, with the ultimate goal to prepare for, enter, or retain employment

- VR Eligibility Criteria

Documented Disability	The applicant must have a physical or mental impairment
Barrier to Work	The impairment constitutes or results in substantial impediment to employment
Can Benefit	It is assumed the member can benefit from VR services in terms of achieving a desired employment outcome
Requires VR Services	The applicant requires VR services to prepare for, obtain, retain or regain employment

- Services offered by VR (on an individualized basis)
 - Vocational Guidance and Counseling
 - Career Exploration
 - Assessments (Psychological, Physical Capacity, Vocational etc.)
 - Work Adjustment Training
 - Job Training
 - Post Secondary Education
 - Job Development and Placement
 - Job Coaching (Supported Employment)
 - Benefits Counseling
 - Work related items in support of the employment goal

Similarities and Differences

RBHA and ACC Employment Services

Similarities and Differences

ACC and RBHA Employment Services



- ❖ ACC Providers who provide Employment Services work with members identified with GMH/SU (General Mental Health/Substance Use)
- ❖ RBHA Providers who provide Employment Services work with members identified with SMI (Serious Mental Illness).
- ❖ Both ACC and RBHA Employment providers explain the benefits of RSA/VR and refer members to RSA/VR, when the member is interested in applying.

Similarities and Differences

ACC and RBHA Employment Services

- ❖ Both ACC and RBHA Providers have a monthly employment deliverable which records referrals to RSA/VR and other required information.
- ❖ ACC (Providers) contractors – working with GMH/SU - a “referral” means connecting interested members to the RSA/VR program and documenting in the member’s file.
- ❖ RBHA (Providers) contractors working with SMI – a “referral” is defined as both a referral packet being provided by the Behavioral Outpatient Clinic/Integrated Clinic to RSA/VR and the member being placed into RSA/VR Status code 00.

Similarities and Differences

ACC and RBHA Employment Services

- ❖ Both ACC and RBHA providers follow [ACOM 447](#)
- ❖ RBHA contractors also adhere to the Interagency Service Agreement (ISA) between AHCCCS and ADES/RSA
- ❖ RBHA contractors also follow the Statewide Collaborative Protocols

How can I learn more?

Upcoming Employment Events

Upcoming Employment Events

How Do I obtain more information?

- ✓ Employment Providers Meeting scheduled for 10/05/2022 from 1:00 pm to 3:00 pm via Zoom
- ✓ Additional Provider Employment Training available for ACC-RBHA Kick-Off:
 - ✓ 10/12/2022 – 1:00 pm to 2:00 pm
 - ✓ 10/19/2022 – 1:00 pm to 2:00 pm
 - ✓ 10/26/2022 – 11:00 am to 12:00 pm
- ✓ Self-Employment Workshop: How to turn your own dream into your own business - 8/23/2022 from 10:00 am to 11:30 am via Zoom
 - ✓ Additional Workshops are in the process of being developed
- ✓ Technical Assistance Requests: Please contact Jen Zepeda
 - ✓ Review of Workforce Competencies
 - ✓ Review Employment Initiatives
 - ✓ Review Employment Policies
 - ✓ Review of Deliverables
 - ✓ Presentations
 - ✓ Thoughts and Ideas regarding employment
 - ✓ Anything Employment Related!!!



Employment Resources

Helpful Employment Resources

- [ACOM 447](#) – Employment Policy
- [Arizona Job Connection](#)
- [Vocational Rehabilitation](#)
- [AZ Disability Benefits 101 Calculator](#)
- [Arizona@Work](#)

Questions/Contact Information

Jen Zepeda, MA, LAC, CRC

Jennifer.Zepeda@care1staz.com

Mobile: 480-284-8992



Workforce Development

Mark Faul

Workforce Development Specialist



Health Choice



AZ AHP



WORKFORCE ALLIANCE



AzAHP ACC/RBHA required trainings for all employees

Behavioral Health contracted ACC/RBHA Providers

It is required that Behavioral Health contracted ACC/RBHA Providers must ensure that all staff who work in programs that support, oversee, or are paid by the Health Plan contract have access to Relias and are enrolled in the AzAHP Training Plans.

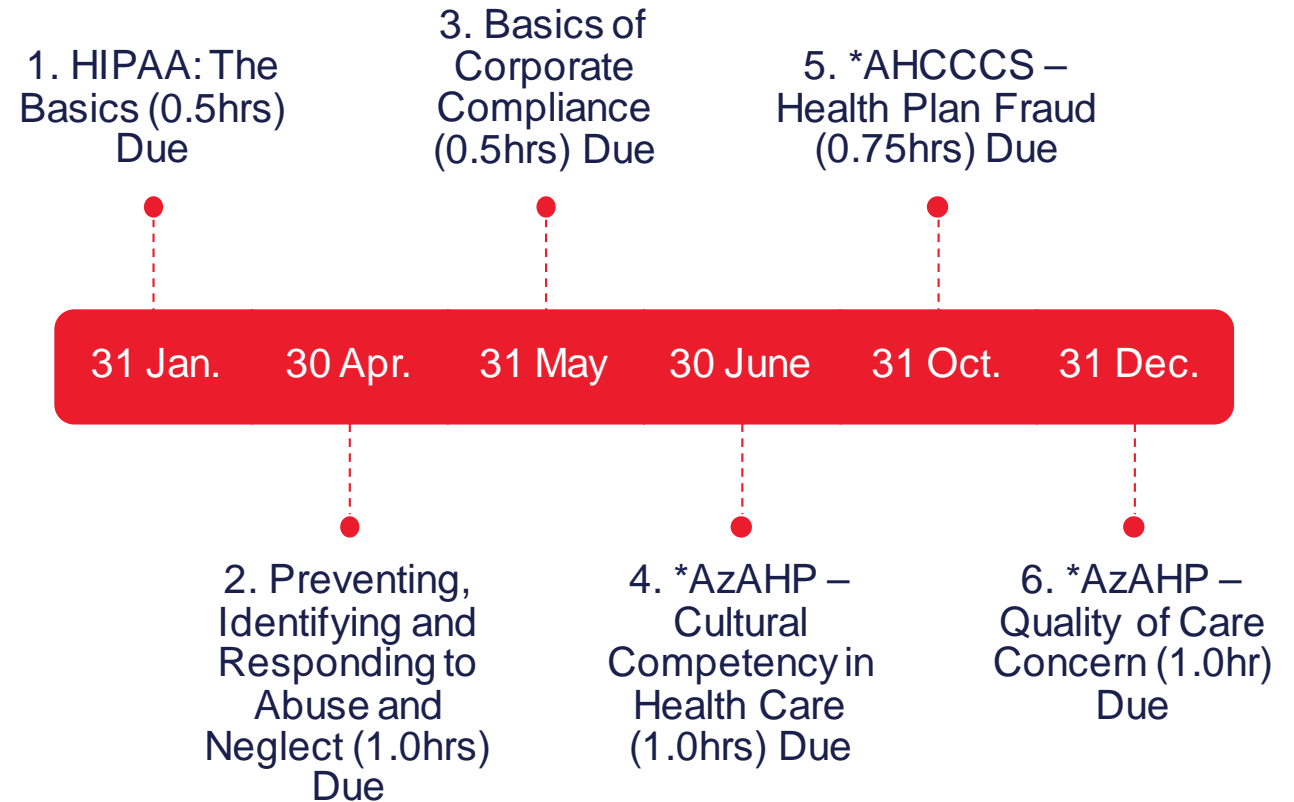
This includes, but is not limited to, full time/part time/on-call, direct care, clinical, medical, administrative, leadership, executive and support staff.



AzAHP – Core Training Plan (90 Days)

1. Welcome to Relias (Due within 7 days of hire date)
2. *AHCCCS – Health Plan Fraud (0.75hrs)
3. *AHCCCS – NEO – Rehabilitation Employment (0.5hrs)
4. *AzAHP – AHCCCS 101 (2.0hrs)
5. *AzAHP – Client Rights, Grievances and Appeals (1.25hrs)
6. *AzAHP – Cultural Competency in Health Care (1.0hrs)
7. *AzAHP – Quality of Care Concern (1.0hr)
8. Basics of Corporate Compliance (0.5hrs)
9. HIPAA: The Basics (0.5)
10. Integrating Primary Care with Behavioral Healthcare (1.25hrs)

AzAHP – Core Training Plan (Annual)



Workforce Development Plan

Submitted annually (February ea. year)

Please refer to the AZAHP webpage for detailed information

<https://azahp.org/azahp/azahp-accrhba-awfda/resources-2/>

**For more detailed information and other requirements, please refer to the
Care1st Provider Manual, Section VII, page 48 found here:**

https://www.care1staz.com/az/PDF/provider/manual/sections/ProviderManual_07.pdf?ver=2021.05.07

or contact

Mark Faul

Workforce Development Administrator

Mark.Faul@care1staz.com

602-527-8219



Quality Improvement

Maritza Jimenez

Manager, Quality Improvement



Notice of Pregnancy (NOP) Form



Quality Improvement

Notice of Pregnancy Form (NOP)

- New NOP form replaces the Total OB form currently in use.
- This form should be used for ACC and RBHA effective: 12/1/2022
- New NOP form is two (2) pages and requires more in-depth information.
- The form is barcoded to automatically capture information
- Medical records should still be attached
- NOP Fax number: 833-592-0656



Notification of Pregnancy Form

*Required Field

The earliest possible completion of this form allows us to best use our resources and services to help you and your patient achieve a healthy pregnancy outcome. **Please complete clearly in black ink and fax to 1-602-778-1838.**

Member's Current Contact Information

*Member ID: DOB (mmddyyyy):

Last Name: First Name:

Mailing Address:

City: State: Zip Code:

Home Number: Cell Number:

Email Address:

OB Provider Information

*OB Provider Name:

*OB Provider TIN/ID #: Provider TIN/ID #: FQHC Location?: Yes No

OB Provider Mailing Address:

OB Provider City: OB Provider State: OB Provider Zip Code:

OB Provider Phone Number: Today's Date (mmddyyyy):

General Information

Primary insurance (for mom or baby) other than Medicaid? Yes No

*Due Date (mmddyyyy): Date of first prenatal visit (mmddyyyy):

Date of last Pap Smear (mmddyyyy): Date of last Chlamydia Screening (mmddyyyy):

Race/Ethnicity (check all that apply): Caucasian, Non-Hispanic/Latina Black/African American Hispanic/Latina
 American Indian/Native American Asian Hawaiian/Pacific Islander Other ethnicity (please specify):

If other ethnicity, please specify:

Preferred Language (if other than English):

Number of Full Term Deliveries: Number of Preterm Deliveries:

Number of Miscarriages/Abortions: Number of Stillbirths:

Any social needs? Yes No
 If yes, please specify social needs:

Enrolled in WIC? Yes No Planning to Breastfeed? Yes No Height:
 (Feet, Inches)

Pre-Pregnancy Weight: Pre-Pregnancy BMI:

Age less than 16? Yes No Age greater than 40? Yes No

*Are there any known pregnancy risk factors? Yes No

*Member ID: DOB (mmddyyyy):

Last Name: First Name:

History

Previous Preterm delivery (<37 weeks)? Yes No If yes, was the delivery spontaneous? Yes No

Currently on TTP? Yes No

Recent delivery (within past 12 months)? Yes No Recent delivery (within past 6 months)? Yes No

Previous C-Section? Yes No Previous severe preeclampsia? Yes No

Diabetes (prior to pregnancy)? Yes No Sickle Cell? Yes No

Asthma? Yes No If yes, are asthma symptoms worse during pregnancy? Yes No

High Blood Pressure (prior to pregnancy)? Yes No If yes, is high blood pressure well controlled? Yes No

Previous neonatal death or stillborn? Yes No
 If yes, was neonatal death associated with an underlying maternal health condition? Yes No

HIV Positive? Yes No HIV Negative? Yes No HIV Test Refused? Yes No AIDS? Yes No

Seizure disorder? Yes No If yes, has there been a seizure within the last 6 months? Yes No

Current Pregnancy

Preterm labor this pregnancy? Yes No Current placenta previa? Yes No

Vaginal bleeding after 14 weeks? Yes No

Shortened Cervix <23 weeks this pregnancy? Yes No If yes, Length ___ cm.

Current gestational diabetes? Yes No Current preeclampsia? Yes No Current oligohydramnios? Yes No

Current Twins? Yes No Current Triplets? Yes No Discordant growth? Yes No

Current fetal growth restriction? Yes No Current congenital anomalies? Yes No

BMI < 20 or poor weight gain during this pregnancy? Yes No UTI/Pyelo Bacteriuria this pregnancy? Yes No

Current severe hyperemesis? Yes No

Current mental health concerns? Yes No
 If yes, please specify mental health concerns:

Current STD? Yes No If yes, please list STD's:

Current tobacco use? Yes No If yes, please specify amount used:

Current alcohol use? Yes No If yes, please specify amount used:

Current street drug use? Yes No If yes, please specify amount used:

Are there any other significant risk factors? Yes No
 If yes, Please list other risk factors:

Quality Improvement

EPSDT Records Submission

Reminder: EPSDT forms or copies of medical documentation containing all the elements of the EPSDT visit must be submitted to Care1st.

Forms can be submitting via:

Fax:

602-224-4373

833-618-1506 (Effective 12/1/2022)

Mail:

Attn: Care1st EPSDT

P.O. Box 52079

Phoenix, Arizona 85072-2079



Quality Department Fax Numbers

- Current fax numbers for the **ACC** membership can be used until **12/1/2022**.
- New fax numbers start for the **RBHA** membership on **10/1/2022**.

New Fax Numbers

Effective for RBHA on 10/01/2022

Effective for ACC on 12/1/2022

- General Quality Fax number: **833-618-1506**
- EPSDT Documentation Submission: **833-618-1506**
(This includes EPSDT Tracking Forms, Clinical Samples, and copies of EMR.)
- Newborn Notification: **833-618-1027**
- **Do not send ACC faxes to the new fax numbers until 12/1/2022**

The image features a dark blue background with a horizontal band of a slightly darker shade of blue across the middle. The text 'AHCCCS Performance Measures' is centered in white, sans-serif font. The word 'AHCCCS' is on the top line, and 'Performance Measures' is on the bottom line.

AHCCCS Performance Measures

AHCCCS Performance Measures

- AHCCCS updated the Performance Measures to match HEDIS and CMS Core specifications.
- The measurement year for the Performance Measures is based on a calendar year (Jan–Dec).
- Performance Measures have goals based the NCQA HEDIS and CMS Core Medicaid Mean/Median.



Quality Improvement

AHCCCS Performance Measures

Primary Measures

- Well Child Visits 1st 15 Months
- Child and Adolescent Visits (Ages 3-21 years)
- Timeliness of Prenatal Care
- Breast Cancer Screening
- Follow-Up after Hospitalization for Mental Illness – 7 Day

Secondary Measures

- Cervical Cancer Screening
- Use of Opioids at High Dosage
- Antidepressant Medication Management
- Comprehensive Diabetes Care – Control <8
- Follow-Up after ED Visit for Mental Illness – 7 Day

Primary Measures 2021 Results

- Well Child Visits 1st 15 Months
Final: 53.1% Goal: 66%
- Child and Adolescent Visits
Final: 36.1% Goal: 60%
- Timeliness of Prenatal Care
Final: 82.6% Goal: 87%
- Breast Cancer Screening
Final: 33.0% Goal: 58%
- Follow-Up after Hospitalization for Mental Illness – 7 Day
Final: 52.9% Goal: 41%



Primary Measures 2022 Rates

- 2022 Rates tracking at lower rate than in 2021
- Implemented interim goals for some measures for 2022
- AHCCCS will be expecting increases in these measures in 2022 and 2023

Well Child Visits 1st 15 Months

06/30/22: 43.5% 06/30/21: 41.7%

Child and Adolescent Visits

06/30/22: 14.0% (↓) 06/30/21: 15.6%

Timeliness of Prenatal Care

06/30/22: 62.8% (↓) 06/30/21: 69.0%

Breast Cancer Screening

06/30/22: 27.4% 06/30/21: 27.2%

Follow-Up after Hospitalization for Mental Illness – 7 Day

06/30/22: 54.6% (↑) 06/30/21: 50.0%



Quality Improvement

Impact on Preventive Care and Well-visit Measures

Provider office staff are the first line of defense in member care.

How can your office impact Preventive Care Access:

- Outreach to members assigned to your panels
- Education and reminders about return visits
- Telehealth visits
- Doing walk-in clinics
- Turning Sports physicals into EPSDT visits
- Coordinating with local community agencies for health fairs
- Being open to creative interventions

Quality Improvement

Questions



**For questions please contact:
Maritza Jimenez, QI Manager
480-273-5722
mjimenez@care1staz.com**



Quality Improvement

Shannon Bedortha
Manager, Quality Improvement

Incidents, Accidents and Death (IAD) Reporting

- Arizona Health Care Cost Containment System (AHCCCS) requires the prompt reporting of incidents, accidents and deaths involving all AHCCCS members.
- All individual and organizational providers are required to report as soon as the provider is aware of the incident and no later than 48 hours after the incident.
- Some examples of reportable events include, but are not limited to:
 - Accidents
 - Injuries
 - Deaths
 - Abuse
 - Medication Errors
 - Human Rights Violations

Quality Improvement

IAD Reporting continued



To report an IAD you will need to obtain access to the QMS Portal via: <https://qmportal.azahcccs.gov>

Information to include in the IAD Report:

- Agency name, address, phone and contact person
- Health Professional and Supervisor name, plus address of facility
- Date, time, location and details of the incident
- Member name, CISID#, address, phone number, age/DOB, gender, title status, SMI or GMH/SA status, current diagnosis, date of last appointment.

If you need additional information regarding the IAD database or the reporting of incidents, accidents and deaths, you can access training on our website at: www.care1staz.com.

- Click on Care1st > Providers > Behavioral Health Information & Resources > Behavioral Health Training Resources > IAD Reporting.



Quality Improvement

Seclusion and Restraint

- Arizona Health Care Cost Containment System (AHCCCS) requires the prompt reporting of all incidents of Seclusion and Restraint involving all AHCCCS Complete Care (ACC) and RBHA members.
- All contracted licensed hospitals, BH hospital facilities and BH inpatient facilities are required to report incidents of Seclusion and Restraint within 5 calendar days using the AMPM 962 Attachment A form or the electronic record that contains all elements of Attachment A. If face-to-face monitoring is required that shall be included as well. You can find Form 962 Attachment A on the AHCCCS website at: [https://azahcccs.gov/shared/MedicalPolicyManual/Chapter 900](https://azahcccs.gov/shared/MedicalPolicyManual/Chapter%20900)
- Please forward all Seclusion and Restraint incidents for Care1st members to:
 - SM_AZ_qmnurse@care1staz.com

Medical Record Audits

Ambulatory Medical Record Reviews (AMRR)

- PCP's and OB/Gyn's
- Provider groups are reviewed every 3 years
- Audits are currently on hold

Behavioral Health Clinical Chart Audits (BHCCA)

- BH Homes
- Provider groups are reviewed annually
- Audits are in progress



Medical Record Audits continued

Specialty Audits

- BHRF, BHIF, Acute Hospitals, SNF's, BH specialty providers, Habilitation Facilities
- Providers are reviewed annually
- Audits are currently on hold

Community Service Agency Audits (CSA)

- CSA's are reviewed at the time of recredentialing
- Audits to restart in 2023





Quality Improvement

Questions?

**For questions please contact:
Shannon Bedortha, QI Manager
sbedortha@care1staz.com**



Tribal Programs Overview

Alberto Peshlakai
Tribal Liaison

Tribal Acknowledgement

Care1st honors, respects and adheres to the sovereignty and self-determination of Tribal Nations and their diverse cultures in our service areas and across the state of Arizona



Digital Image Created by Joshua Tallas (Navajo)

Instagram @Tallasdesignco

TRIBAL PROGRAMS OVERVIEW

AzCH/Care1st Tribal Team



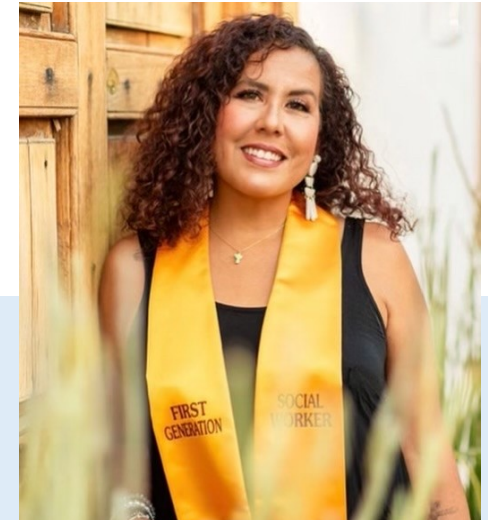
Sheina Yellowhair
Tribal Programs
Supervisor



Alberto Peshlakai
Tribal Liaison,
Care1st/Northern AZ



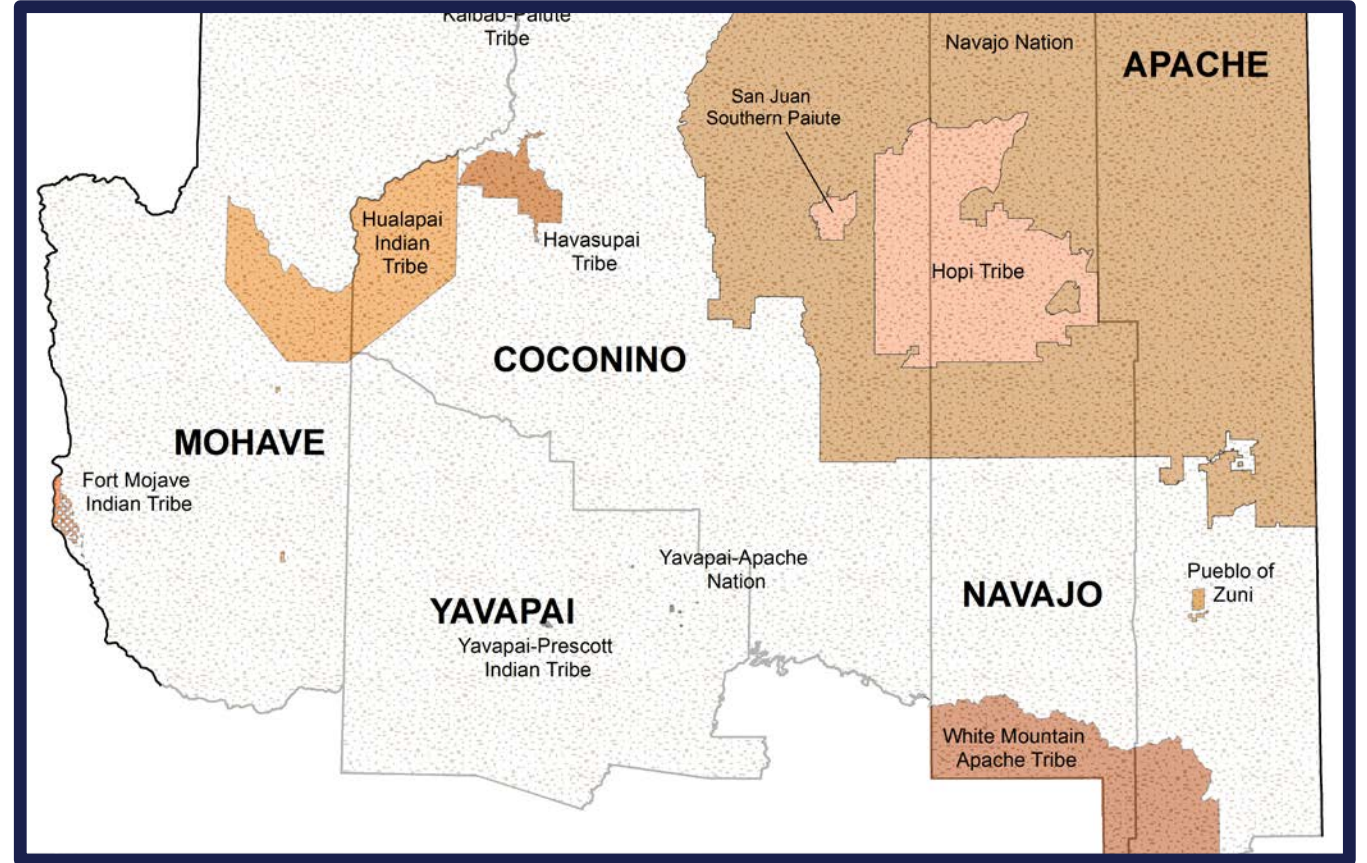
Julia Chavez
Tribal Liaison,
AzCH/Pima County



Monica Rivera
Tribal Clinical Services
Coordinator

Tribal Service Areas

- Fort Mojave Indian Tribe
- Hualapai Indian Tribe
- Havasupai Tribe
- Yavapai-Prescott Indian Tribe
- Yavapai-Apache Nation
- Kaibab-Paiute Tribe
- Hopi Tribe
- Navajo Nation (TRBHA)
- White Mountain Apache Tribe (TRBHA)
- San Juan Southern Paiute
- Pueblo of Zuni



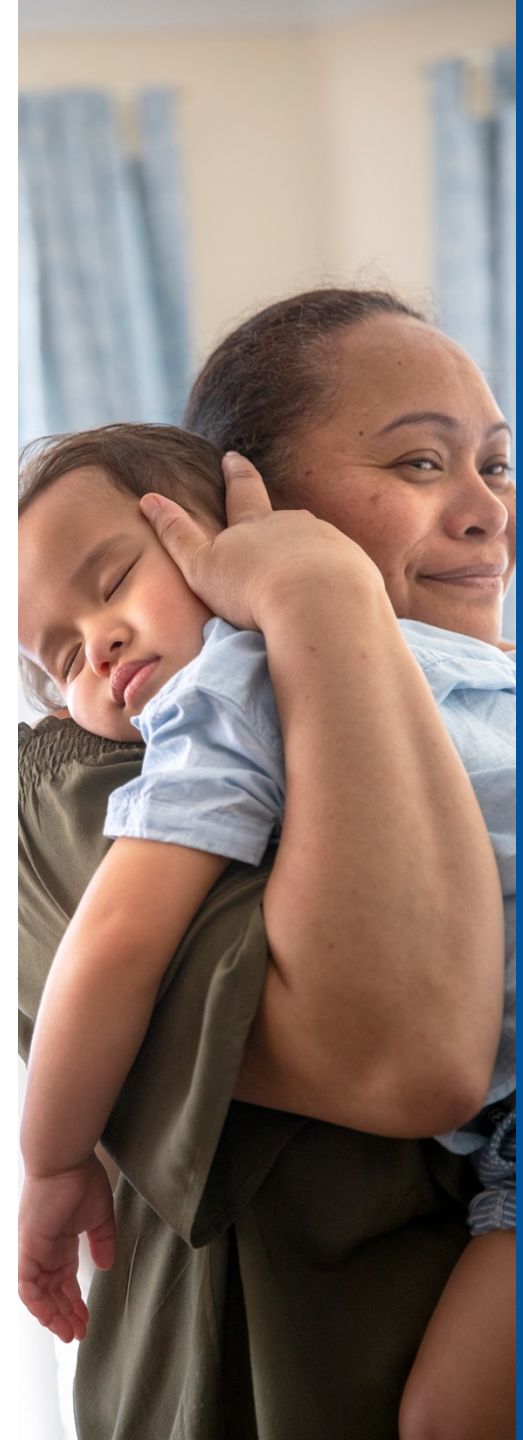
TRIBAL PROGRAMS OVERVIEW

Serving Tribal Communities

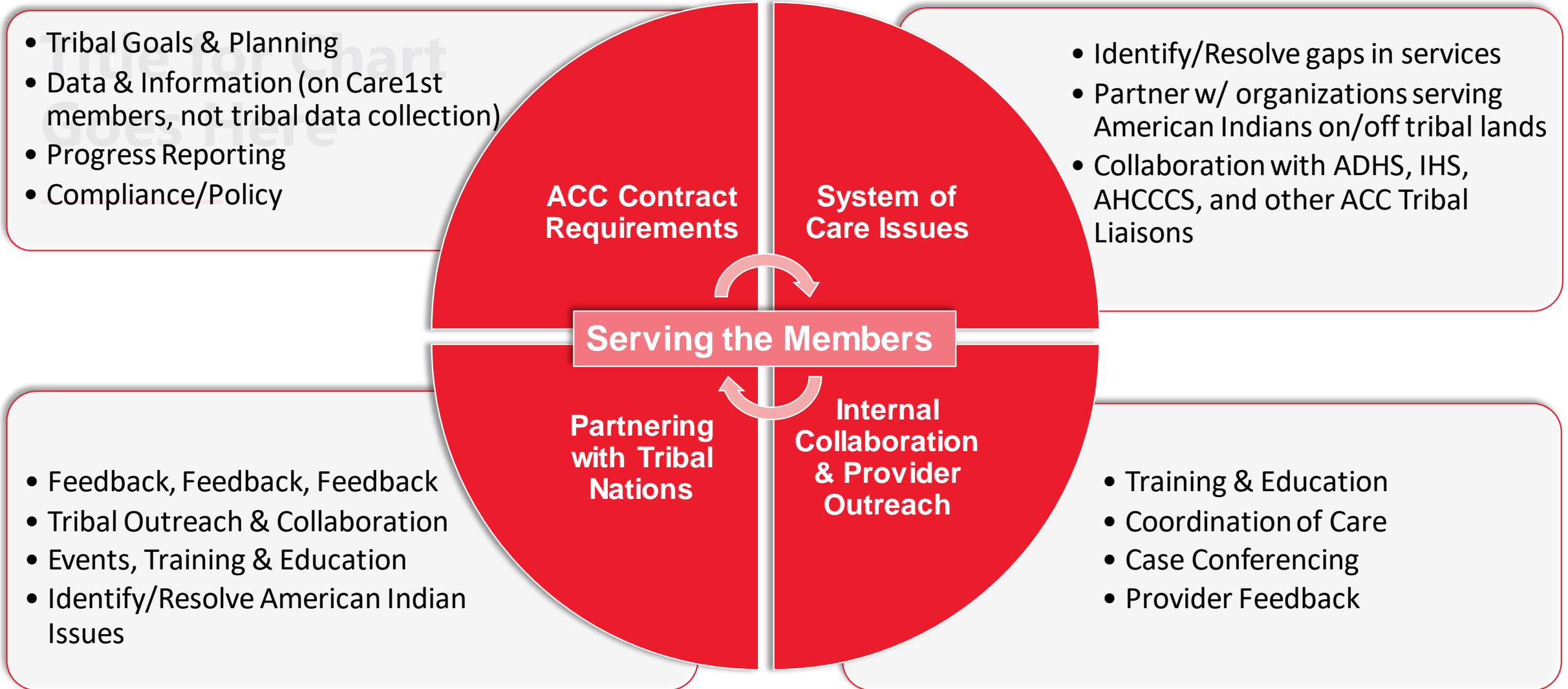
Ensure that all covered services are available to all TXIX and TXXI eligible American Indians, whether they live on or off reservation.

Serve eligible American Indians on reservation with agreement from the Tribe.

Work collaboratively with Tribes to meet the service needs of tribal members enrolled with the health plan.



Tribal Collaboration Approach



Tribal Initiatives

- Letters of Agreement/MOUs
- Tribal Collaboration
- Access to Services
- Coordination of Care
- Community Outreach
- Training & Education
- Joint Processes/Protocols

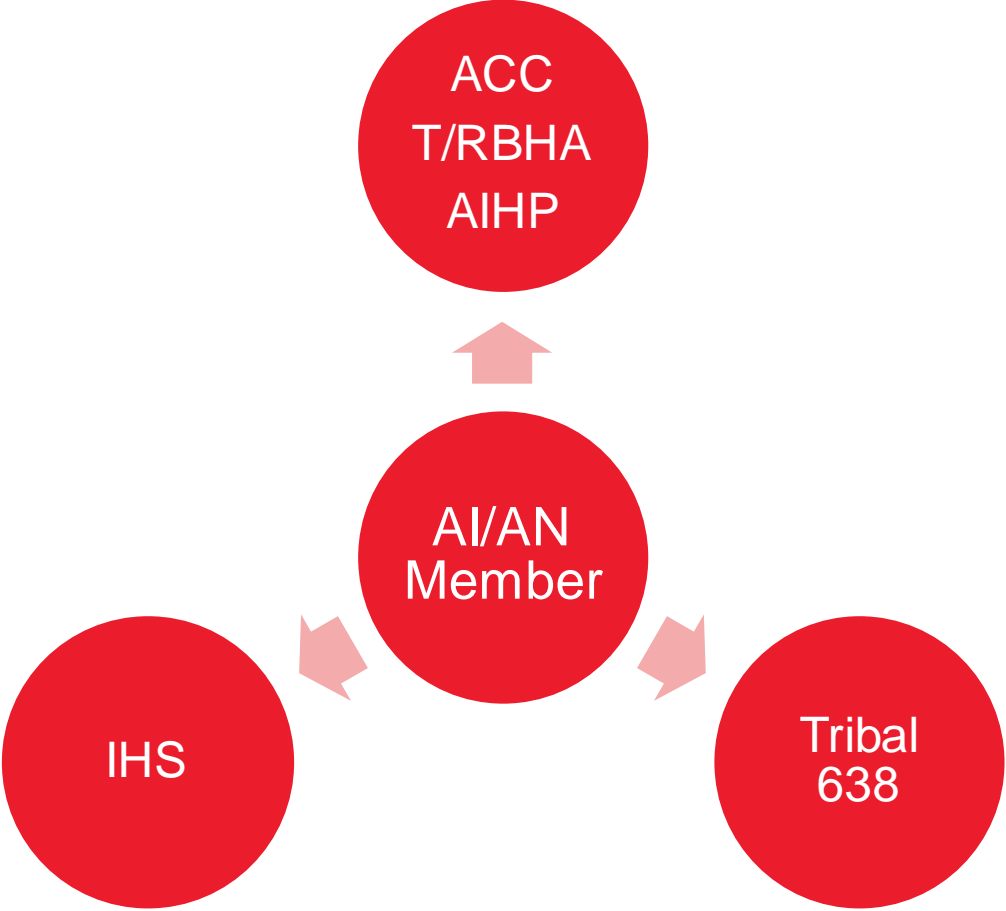


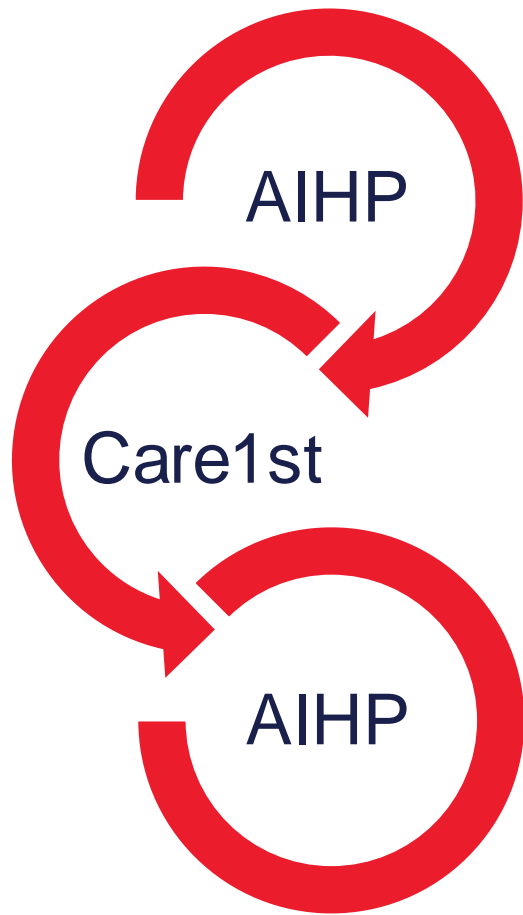
American Indian Health Service Delivery System

Health Plan Options for AI/AN:

GMHSA	SMI
ACC	RBHA/Tribal RBHA
American Indian Health Program	American Indian Health Program

Service Provider Options
Care1st Provider Network
Indian Health Service facility
Tribal BH facility





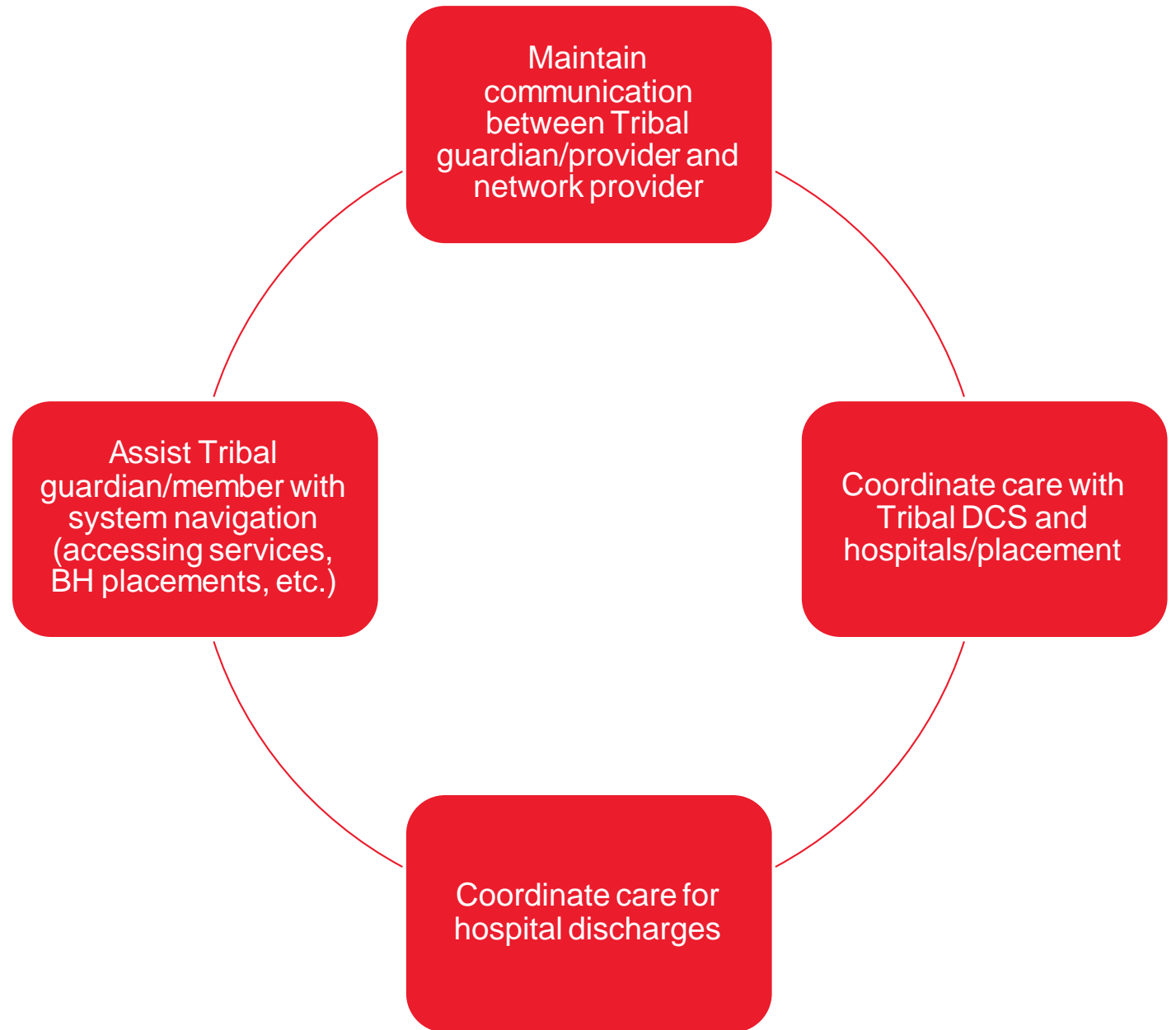
Reminder: Health Plan Choices for AI/AN

- AI members can switch between the American Indian Health Program (AIHP) and an ACC plan at any time
- AI members enrolled in AIHP can access services from any AHCCCS-registered provider at anytime if the provider accepts AIHP
- AI members enrolled in an ACC plan can access services from an IHS/638 facility at anytime

Tribal Coordination of Care

Tribal Clinical Services Coordinator

- Works alongside Care Management
- TribalCOC@azcompletehealth.com



Thank You



Alberto Peshlakai,
Tribal Liaison



Sheina Yellowhair-Flores



(602) 684-8371



(480) 370-7053



Alberto.peshlakai@azcompletehealth.com



syellowhair@azcompletehealth.com



Community Affairs Department

Greg Taylor

Regional VP, Community Affairs

Community Affairs Department

Types of Community Giving Reinvestment for 2022

Grants:

Outcomes-Based Partnership

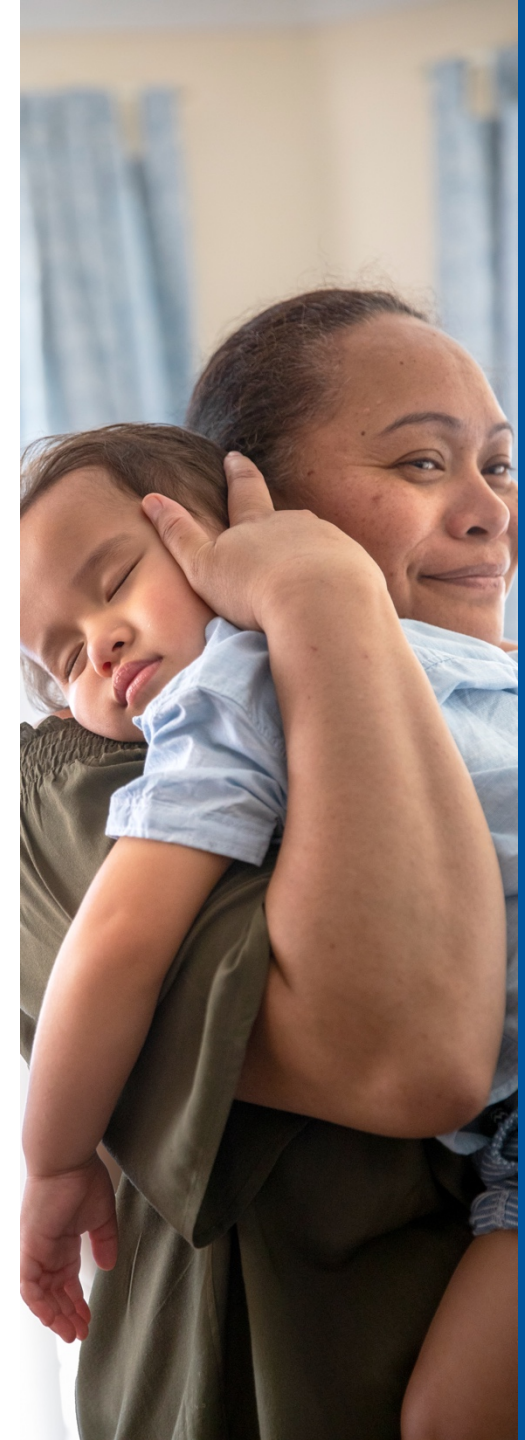
- Preferred engagement method
- Unrestricted grant to support programming
- Annual application opened in March and closed on Friday, July 15th
- Closed Friday, July 15th (reopen Q1 2023)

Event Sponsorship

- Less preferred
- More limited funding available
- Will support in limited circumstances
- Application opened in February and will likely close in November
- Event sponsorship applications must be submitted no less than 60 days prior to the event.
- Currently open

Capital Grant

- One time a year opportunity
- Set funding levels but can apply for all levels
- \$495,000 in awards announced on Friday, July 29 (reopen in Q2 2023)



Community Affairs Department

Where to apply for grants:

CyberGrants Portal

Once you have decided to apply for an outcomes-based partnership, capital grant, or event sponsorship

- Visit <https://www.azcompletehealth.com/about-us/community-giving.html> to apply
- In CyberGrants you will need to create a portal account using your email and creating a password.

Eligibly:

- Typically fund 501c3 or c19 nonprofits
- Will fund projects with local governments such as city, county, tribal, or state, including public schools
- If your organization is not a nonprofit, your CyberGrants profile will need to manually created by Care1st prior to you submitting a grant. Please email Veronica De La O at veronica.delao@care1staz.com for assistance.

Community Giving

2022 Giving Priority Areas

Health Outcomes			
Child well visits/immunizations	Preventative services for adults	Breast cancer screening & prevention	Substance abuse/misuse (including opioids)
Autism	Diabetes	Heart health	Children's dental services
Veterans	Cervical cancer screening	Mental health (especially follow-up after hospitalization/ED visit)	Suicide prevention
COVID-19	Health literacy	Health equity	Improved Coordination of Care
Social Determinants of Health			
Education (scholarships)	Employment/vocational training	Food insecurity/access to healthy food	Housing
Transportation	Social Isolation	Environmental	
Local Priorities (County Specific & CHA/CHIP Identified)			

Community Affairs Department

Community Giving

Evaluation Process

- Outcomes-based partnership and event sponsorship applications are reviewed monthly by a cross functional, cross business line employee group
 - Capital grant applications are reviewed after the annual deadline for submissions
- Limited by budget availability (calendar fiscal year)
- Evaluation criteria:
 - Connection to Care1st mission
 - Impact on health priorities
 - Organization's community reputation
 - Location of the project
 - Total reach of the project
 - Demographics served
- **AzCH does not philanthropically fund programming that would otherwise be a billable service in one of our health plan products.**

Community Affairs Department

Community Giving

For questions contact:

Greg Taylor
Regional Vice President, Community Affairs
grtaylor@azcompletehealth.com

Veronica De La O
Community Relations Representative III
Community engagement lead Yavapai County
Statewide community giving administrator
veronica.delao@care1staz.com

Anthony Mancini
Community Relations Representative III
Community engagement lead Coconino, Mohave, Navajo, and Apache counties
Anthony.Mancini@azcompletehealth.com



Advocacy Department

Son Yong Pak
Director, Advocacy

Advocacy Department Goal

Transform the member experience by:

1

Engaging and
powering members to
create healthy habits

2

Supporting community
organizations that
address
socioeconomic
conditions for our
members

Care1st

Advocacy Team Members



Son Yong Pak
Director, Advocacy



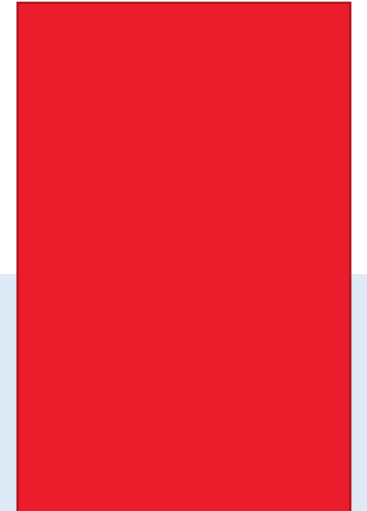
Mauricio Orozco
Manager, Community
Engagement



Georgina Morineau
Community Advocate



Justin Harris
Community Advocate



Manager, Health Equity



What We Do:

Member Advocacy

- Experienced in working with individuals with special health care needs
- Children's Rehabilitative Services (CRS) Liaison
- Veteran Liaison
- Collaborate with the AHCCCS Office of Human Rights and the Independent Oversight Committee
- Implement and oversee the Cultural Competency Program

Member Resources

- Member Services
- Member Orientation
- Member Empowerment Tool
- Nurse Advice Line



Member Resource

Member Services



Questions and Concerns



**Choose or Change PCP and
other Providers**



Help Make an Appointment

Member Resource

Member Orientation



Topics include, but not limited to:

- Covered benefits
- Finding a provider
- Member Services
- Healthy Rewards Program
- Community resources
- Website demonstration
- Answering questions

Member Resource

Member Empowerment Tools

- Ask Me 3
- Member Handbook
- Member Brochure
- Member Advocacy Council
- Non-Emergency Transportation
- How to update your mailing address
- Well-Child Visit (EPSDT) Program
- Your Roadmap to Better Health and a Better You!

https://www.care1staz.com/az/members/Member_Advocacy_Tools.asp



Nurse Advise Line

Available to our members 24 hours a day, 7 days a week, 365 days a year for immediate advice about any health-related concerns

AHCCCS Complete Care (ACC) Members		Regional Behavioral Health Authority (RBHA) Members
Acute, General Mental Health and/or Substance Use, Children		Members with a Serious Mental Illness Designation
July 1, 2022 – November 30, 2022	Beginning December 1, 2022	Beginning October 1, 2022
1-800-746-3163	1-877-236-0375	1-877-236-0375

AHCCCS Redetermination Outreach

Direct methods:

- Email
- Text
- Phone calls to homeless individuals with known telephone numbers

Indirect methods:

- Member information to FQHC*, RHCs, Health Homes and high-volume PCPs
- Care1st website
- Provider-facing posters
- Member-facing flyers
- Member Services Representative and internal staff talking points**

	Feb-May	June	July	Aug	Total
# of member on the file	13,269	503	473	451	14,696
Email	5,833	225	244	231	6,533
Text	6,831	283	264	253	7,631
Homeless Individuals	14	7	5	4	30
FQHCs & RHCs Attributed	2,567	157	126	107	2,957
FQHCs*** & RHCs Non-attributed	N/A	19	21	47	87
Health Homes	721	33	21	24	799
PCPs	6,976	344	51	358	7,729

*AHCCCS requires sharing member information with FQHCs only.

**Talking points are located at: N/Common/2022 AHCCCS Redetermination Information/Resources

***Based on claim history, 12 months look back per AHCCCS.

Interpreter Access

CyraCom International

- Care1st provides over-the-phone language interpretation services to all contracted providers at no-cost
- Offers qualified interpreters with knowledge of medical terminology and procedures
- Telephonic interpretation services are available 24/7/365

Care1st Providers

- Each practice is assigned a PIN that is required to access CyraCom
- Contact Network Management for assistance with a PIN #

American Sign Language (ASL)

Valley Center of the Deaf

- Care1st provides at no-cost ASL interpreters
- Services are arranged through Care1st Member Services
- Valley Center of the Deaf recommends setting up services 7 business days in advance of the appointment

Provider Resources

- Protocol for Providers to Access Language Interpreter Services
- Interpreters Available poster

1850 W. Rio Salado Parkway, Suite 211
 Tempe, AZ 85281
 866-560-4042



Protocol for Providers to Access Language Interpreter Services

Care1st Health Plan Arizona (Care1st) provides at no-cost over-the-phone language interpretation services provided by CyraCom International to all contracted providers. Specializing in the healthcare setting, this language interpretation service offers qualified interpreters with knowledge of medical terminology and procedures. Telephonic interpretation services are available 24/7/365.

Interpreter Access Instructions

1. Dial 1-800-481-3293 to reach the interpreter network
2. When prompted, enter the Care1st contracted provider 9-digit account number: 501016868
3. Enter your 4-digit provider number
 - Each practice is assigned a PIN upon contracting
 - Contact the Care1st Provider Network Representative at 1-866-560-4042 (option 5 then 7) for assistance with a PIN number
4. Follow the voice prompts to select the language required
 - Top 15 languages spoken in Arizona are listed below
 - For all others, press "0" for operator assistance
5. When the interpreter answers, give brief explanation of the nature of the call
6. When finished with the call, please hang up

Top 15 Non-English Languages Spoken in Arizona¹

	Language	CyraCom Language Code
1	Spanish	060
2	Navajo	144
3	Chinese – Mandarin	035
	Chinese – Cantonese	031
4	Vietnamese	049
5	Arabic	090
6	Tagalog	117
7	Korean	041
8	French	058
9	German	057
10	Russian	078
11	Japanese	040
12	Persian	297
13	Assyrian (Syriac)	139
14	Serbo-Croatian	229
15	Thai	047

¹ "Appendix A – Top 15 Non-English Languages by State," Centers for Medicare & Medicaid Services, accessed August 4, 2022, <https://www.cms.gov/cciio/resources/regulations-and-guidance/downloads/appendix-a-top-15.pdf>.

INTERPRETERS AVAILABLE

You have access to interpretation services 24/7 at no personal cost to you. This chart includes languages commonly spoken in your community, additional languages are available.

English: Do you speak [language]? We will provide an interpreter at no personal cost to you.

Amharic አማርኛ	አማርኛ ይናገሩ? እርስዎ በግልጽ ምንም ወጪ ሳያወጡ እስተርጓሚ እናቀርባለን።	您讲普通话吗? 我们将免费为您提供翻译。	Mandarin 中文
Arabic اللغة العربية	هل تتحدث اللغة العربية؟ سوف نوفر لك مترجم فوراً من دون أي تكلفة عليك.	के तपाईं नेपाली बोल्नुहुन्छ? हामी तपाईंका लागि कुनै व्यक्तितगत खर्च बिना एकजना दोभाषे उपलब्ध गराउने छौं।	Nepali नेपाली
Bengali বাংলা	আপনি কি বাংলায় কথা বলেন? আমরা আপনাকে একজন দোভাষী (ইন্টারপ্রেটার) দেব যার জন্য আপনার ব্যক্তিগতভাবে অর্থব্যয় করতে হবে না।	Czy mówisz po polsku? Zapewnimy bezpłatną pomoc tłumacza.	Polish Polski
Brazil-Portuguese Português	Você fala português? Nós lhe forneceremos um intérprete, sem nenhum custo adicional.	ਕੀ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ? ਅਸੀਂ ਤੁਹਾਡੇ ਲਈ ਬਿਨਾਂ ਕਿਸੇ ਨਿੱਜੀ ਲਾਗਤ ਦੇ ਇੱਕ ਦੁਭਾਸ਼ੀਆ ਉਪਲਬਧ ਕਰਾਂਗੇ।	Punjabi ਪੰਜਾਬੀ
Burmese မြန်မာ	သင် မြန်မာစကား ပြောပါသလား။ သင့်အတွက် ကုန်ကျစရိတ် မရှိစေဘဲ စကားပြန်တစ်ဦး ကျွန်ုပ်တို့ ပေးပါမည်။	Вы говорите по-русски? Мы абсолютно бесплатно предоставим вам переводчика.	Russian Русский
Cantonese 粵語	你講唔講粵語? 我哋將免費為你提供翻譯。	Maku hadashaa Af Soomaali? Waxaan kuu heli karnaa tujumaan oo bilaash kuu ah.	Somali Af Soomaali
Farsi فارسی	فارسی صحبت می کنید؟ یک مترجم شفاہی رایگان در اختیار شما قرار خواهیم داد.	¿Habla español? Le proporcionaremos un intérprete sin costo alguno para usted.	Spanish Español
French Français	Parlez-vous français? Nous vous fournirons gratuitement un interprète.	Je, unazungumza Kiswahili? Tutakupa mkalimani bila malipo yoyote.	Swahili Kiswahili
Haitian Creole Kreyòl Ayisyen	Èske ou pale Kreyòl Ayisyen? N ap ba ou yon entèprèt gratis.	Quý vị nói được tiếng Việt không? Chúng tôi sẽ cung cấp một thông dịch viên miễn phí cho quý vị.	Vietnamese Tiếng Việt
Korean 한국어	한국어를 사용하십니까? 무료로 통역 서비스를 제공해 드리겠습니다.	American Sign Language (ASL)	





What We Do

Community Engagement

- Social Determinants of Health (SDOH)
- Arizona Closed Loop Referral System (CLRS)
- Z-Code Utilization
- Community resources
- SSI/SSDI Outreach, Access, and Recovery (SOAR) Program

SOCIAL DETERMINANTS OF HEALTH



ECONOMIC STATUS



EDUCATION



HEALTHCARE



BUILT ENVIRONMENT

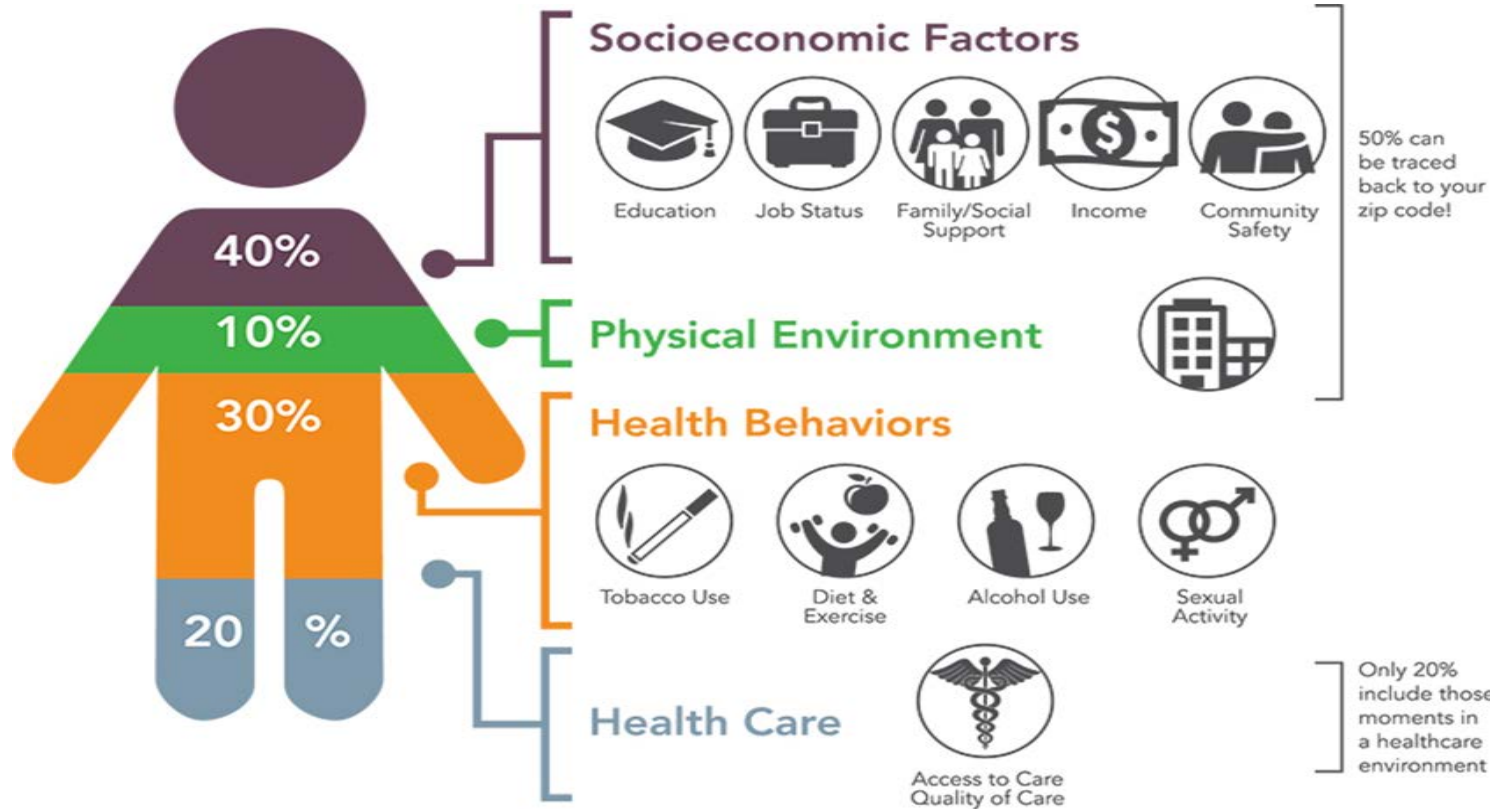


SOCIAL CONTEXT

Resources that enhance quality of life can have a significant influence on population health outcomes. Examples of such resources include **safe and affordable housing**, **access to education**, **public safety**, **availability of healthy foods**, **local emergency and health services** and environments free of **life-threatening toxins**.

Social determinants of health (SDOH) are the conditions in the environments where people are **born, live, learn, work, play, worship,** and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

Healthy People 2030



Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014)

80% of health outcomes take place outside of the doctor's office

SOCIAL DETERMINANTS FACTORS THAT INFLUENCE YOUR HEALTH

INCOME Your income can determine how healthy you are. How much you earn can influence both your well-being and how long you are expected to live. Income is linked to:

<p>SAVINGS</p>	<p>MORTALITY</p> <p>500+ infant deaths & 2.8K low-weight births could have been prevented if all states had raised their minimum wage by \$1 in 2014</p>	<p>DISPARITIES</p> <p>Wage gaps persist by gender, race & ethnicity.</p> <p>Men's wages per hour in 2015:</p> <ul style="list-style-type: none"> Hispanics: \$14 Blacks: \$15 Whites: \$21 Asians: \$24 <p>Women's wages lag behind men's across the board.</p>
<p>INEQUALITIES</p> <p>The richest 1% of Americans can expect to live as many as 14 years longer than the poorest 1% of Americans</p>	<p>HOUSING</p>	<p>OPPORTUNITY</p>
<p>CHILD HEALTH</p>	<p>In 2014, 44% of U.S. youth – more than 31 million kids & teens – lived below or just above the poverty level.</p>	

The **NATION'S HEALTH**
A PUBLICATION OF THE AMERICAN PUBLIC HEALTH ASSOCIATION

www.thenationshealth.org/sdoh

Closed Loop Referral System (CLRS)

CommunityCares 1.0

In February 2021, Care1st partnered with Contexture to identify and recruit healthcare providers and community-based organizations to become early adopters.

Region	Go-Live Date*	Referring Agency	CBO / County Government	Lead
North	9/27/21	Mountain View Pediatrics	Catholic Charities	Care1st
North	TBD		Coconino County Health and Human Services	
Central	10/18/21	JFCS	Homeward Bound A New Leaf	
Central	10/25/21	Pendleton Pediatrics	AZCEND	
North	11/01/22	Polara Health	Catholic Charities	
North	TBD	Community Bridges	Bread of Life First Baptist Church	
Care1st	TBD	Care Management	Verde Valley Caregivers Coalition Western Arizona Council of Governments Cornerstone Mission	



Questions?

Contact [Andrew Terech](#), Director, SDOH.

HIE Testimonial | SDOH Program

ARIZONA'S HEALTH INFORMATION EXCHANGE

One of the efforts we feel is foundational to our work around **whole person care** is the establishment of a **SDOH closed-loop referral system**. Health Current has been a tremendous partner as we look to implement a closed-loop referral system in Arizona.

- **Jami Snyder**, Director, AHCCCS

healthcurrent
healthcurrent.org



Arizona's SDOH Closed Loop Referral System (CLRS) Powered by Unite Us 2.0

CommunityCares, addresses the social determinants of health (SDOH) needs in Arizona. This new technology platform, powered by Unite Us, is designed to:

- **Connect** healthcare and community service providers
- **Streamline** the referral process
- Foster **easier access** to vital services
- Provide **confirmation** when social services are delivered

Closed Loop Referral System (CLRS)

CommunityCares 2.0

For more information on CommunityCares visit
Contexture at <https://healthcurrent.org/sdoh/>

CommunityCares Statewide Closed-Loop Referral System

- Partnership with Arizona's Health Information Exchange, Contexture
- Establishes a health and human services Provider Directory with 2-1-1 Arizona partnership
- Evidenced-based screening tools like [PRAPARE](#), [Accountable Health Communities](#), [Health Leads](#) as well as custom tools are available
- Supports whole person care by connecting members with social services
- Pilot completed at the end of 2021
- Onboarding and training underway with the new software vendor UniteUs
- Launch Day Scheduled for October 1, 2022 for providers and community organizations to begin using the new system

Closed Loop Referral System (CLRS)

CommunityCares 2.0

Roadshow Presentation Details

You're invited to attend one of our virtual **CommunityCares SDOH Roadshow presentations** to explore the new system and learn how to participate in the program. To register for a session, click one of the links below:

- [Thursday, Aug. 11, 1-2 p.m.](#)
- [Thursday Aug. 18, noon-1 p.m.](#)
- [Wednesday, Aug. 24, 1-2 p.m.](#)
- [Thursday, Aug. 25, noon-1 p.m.](#)



Introducing CommunityCares:

Invitation to Roadshow

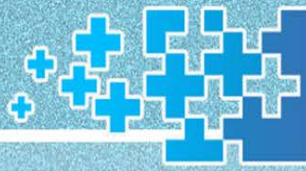
Each presentation features:

- A brief overview of the SDOH initiative.
- A demonstration of the new CommunityCares solution powered by Unite Us.
- Q&A forum.

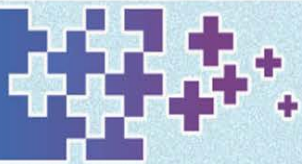
Questions?

- For questions or additional information about CommunityCares, contact the Contexture SDOH team at CommunityCaresAZ.org.

ICD-10



CODES



Tracking SDOH Factors

Whole Person Care Initiative: AHCCCS' Whole Personal Care Initiative (WPCI) is the next system innovation in integrated health care delivery to address social risk factors of health--commonly referred to as Social Determinants of Health (SDOH), which impact a member's health and well-being.

AHCCCS Contract Requirement

1. Use the AHCCCS-Approved Statewide Closed-Loop Referral System (CLRS).
2. **Actively promote provider network utilization of the CLRS**
3. Encourage provider usage of SDOH screening tools
4. Promote and educate providers in the use of SDOH ICD-10 codes



Tool Must Include

- 1) Homelessness/Housing Instability
- 2) Transportation Assistance
- 3) Employment Instability
- 4) Justice/Legal Involvement
- 5) Social Isolation/Social Support

AHCCCS Examples of Screening Tools

The Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences (PRAPARE)

<http://www.nachc.org/wp-content/uploads/2016/08/Social-Determinants-of-Health-Training-for-eCW.pdf>

Patient Centered Assessment Method (PCAM)

https://med.umn.edu/sites/med.umn.edu/files/pcam_assessor_guide.pdf

The Health Leads Screening Toolkit

<https://healthleadsusa.org/resources/the-health-leads-screening-toolkit/>

Hennepin County Medical Center Lifestyle Overview

<https://www.azahcccs.gov/PlansProviders/Downloads/TI/CoreComponents/Hennepin%20Health%20Life%20Style%20Overview.pdf>

These screening tools identify the presence or absence of SDOH concerns



Helpful Resources

Care1st Health Plan Arizona Member Resources

<https://care1staz.com/az/members/links.asp>

Care1st Health Plan Arizona Provider Resources

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

AHCCCS SDOH ICD-10 CODE LIST

<https://www.azahcccs.gov/PlansProviders/Downloads/FFSProviderManual/Exhibit4-1SocialDeterminantsHealthICD-10List.pdf>

211 Arizona <https://211arizona.org>

Healthy Food Access <https://www.healthyfoodaccess.org>

World Health Organization <https://www.who.int>

Centers for Disease Control & Prevention <https://www.cdc.gov>

Healthy People 2030 <https://www.healthypeople.gov>



Call To Action For Providers:

1

Utilize SDOH Screening Tools

2

Report ICD-10 Z-Codes

3

CommunityCares Platform

<https://healthcurrent.org/sdoh/>

Community Engagement

Community Resources

- General Resources
- Advocacy Organizations
- Food Resources
- Internet
- Developmental Disabilities
- Veterans & Military Families
- Seniors
- Printable Community Resource Guide for Members

We want your feedback and suggestions!
advocates@care1staz.com



<https://www.care1staz.com/az/members/links.asp>



Mauricio Orozco
Manager, Community
Engagement



Office: (602) 474-1302
Mobile: (480) 276-4692



morozco@care1staz.com

Questions?

SSI/SSDI Outreach, Access, and Recovery

SOAR – SSI/SSDI Outreach, Access, and Recovery is a program designed to increase access to disability benefits for eligible adults and children who are experiencing or at risk of homelessness, and have a mental illness, medical impairment, and/or co-occurring substance use disorder

Barriers to Access

- Many people who are experiencing or at risk of homelessness also suffer from disabling mental illnesses, co-occurring substance use, trauma, and/or other medical issues. Accessing the income and health care benefits that SSI/SSDI provides can be a critical first step on the road to recovery. However, their circumstances can impede access to these benefits.
- SSA communicates mainly by mail, which is a challenge when one does not have a permanent, reliable address.
- People who are experiencing homelessness often have sporadic medical care, making it difficult to access medical records to document disability.
- Symptoms can interfere with cognitive functioning, making it difficult to navigate a complex system.

SOAR Outcomes

- AZ State Outcomes (2017-2018)
 - 59% overall approval rate (compares to 10-15% for unassisted applications from people who are homeless and 28.5% for all applicants)
 - 166 average days to decision
- National Outcomes (2020)
 - 65% approval rate
 - \$10,529 average Medicaid reimbursement
 - \$6,821 average retroactive back payment



SOAR

SOAR Training

- Staff take free, self-paced, online training to learn how to effectively gather documentation and submit a complete and thorough SSI/SSDI application packet to SSA
 - Child and Adult Curriculum
 - <https://soarworks.samhsa.gov/>
- When delivered by trained staff, some activities are a billable service utilizing a modifier to Case Management services (T1016)
- We are working to inventory providers who offer SOAR services. If you have SOAR-trained staff, or questions about the training, please contact Jennifer Keogh (jkeogh@azcompletehealth.com)



Questions?



Jennifer Keogh
Program Manager,
Health & Wellness



Office: (520) 809-6508



jkeogh@azcompletehealth.com

Questions?

Please utilize the Q&A for any additional questions or concerns

