FORMULARY UPDATES
Effective 08/01/2022

June 27, 2022

Dear Care1st Providers and Staff:

Effective August 1, 2022, Care1st will implement the AHCCCS formulary changes based on the recommendations from the May 24, 2022, AHCCCS Pharmacy & Therapeutics (P & T) Committee. AHCCCS Formulary changes are located on our website:

www.care1staz.com > Providers > Formulary > Summary of AHCCCS Formulary changes

Care1st encourages all prescribing clinicians to review the Care1st Comprehensive Prescription Drug List (PDL) for preferred formulary alternatives prior to prescribing. The table below highlights some of the upcoming Formulary changes.

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)
Antineoplastic Monoclonal Antibody	Brand Herceptin (Trastuzumab)	1. Kanjinti (Transtuzumab-anns) 2. Herzuma (Trastuzumab-pkrb) 3. Trazimera (Trastuzumab-qyyp) 4. Ogivri (Trastuzumab-dkst) 5. 11231 (Trastuzumab-dkst)	PA	N
Antineoplastic Monoclonal Antibody	Brand Avastin (Bevacizumab)	1. Mvasi (Bevacizumab-awwb) 2. Zirabev (Bevacizumab-bvzr)	PA required except when services are rendered by ophthalmologists	N
Antineoplastic Monoclonal Antibody	Brand Rituxan (Rituximab)	1. Truxima (Rituximab-abbs) 2. Riabni (Rituximab-arrx) 3. Ruxience (Rituximab-pvvr)	PA	N

*AHCCCS P&T determines whether or not to permit grandfathering (continued use of a non-formulary medication). If grandfathering is not permitted, members will need to switch to the preferred formulary alternative and a new prescription may be required. (See AHCCCS Policy 310-V)

** Prior Authorization (PA), Step Therapy (STEP), Quantity Limit (QL), Age Restriction (AGE), Authorized Generic (AG)

If you have any questions, please contact the Pharmacy Prior Authorization at 602-778-1800 (Options 5, 5).

Thank you!

Care1st Network Management
Ph 866.560.4042 (Options in order: 5, 7)
Fax 602.778.1875/E-mail SM_AZ_PNO@Care1stAZ.com
Visit our website at www.care1staz.com
Looking for your assigned Provider Network Rep? On our website go to Providers > Provider Rep Contact Info

Care1st Health Plan Arizona – June 2022

News you can use!

Billers' Corner

Provider Tips

Top 5 Denial Reasons and Reminders to Reduce Denials:

1. **Duplicate Billing:**
   - Use the Care1st Web portal to confirm claim status at any time
   - Allow 45-60 days from the initial claim submission prior to resubmitting
   - Contact Claims Customer Service to assist with questions prior to submitting duplicates
2. **Provider Not Contracted – Auth Required:**
   - Refer all laboratory services to Sonora Quest (our exclusive lab)
   - Refer to the Prior Authorization Guidelines on the website
3. **Primary Insurance on File-Bill Primary Insurance:**
   - Verify coverage at each appointment
   - Use AHCCCS online to verify other coverage
4. **Patient Not Eligible on Date of Service:**
   - Confirm eligibility on AHCCCS online or Care1st Member Services prior to claims submission
5. **Exceeds Timely Filing Guidelines:**
   - Initial claim submission must be received no later than 6 months from the date of service, or eligibility posting date, whichever is greater
     - Care1st secondary claims must be received within 6 months from the date of service/eligibility posting date, or within 60 days of the primary carrier's processing date as indicated on the EOB, whichever is greater
   - Resubmissions must be received within 12 months of the date of service, or eligibility posting date, whichever is greater

Care1st Health Plan Arizona
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Customer Service, POS 02 and 10, and FQHC-RHC Qualifying Services

As always, our goal is to help you get your claims paid correctly the first time and to avoid resubmissions. Please review the information below for recent updates and reminders towards that effort.

Claims Customer Service Update - Effective 06/06/2022

- As Care1st continues to move towards integration with Centene's operations model, we would like to apprise you of recent changes in the claims customer service process. Effective 06/06/2022, calls to Care1st claims customer service are now routed to the central Arizona call center, which will provide basic claims status information including:
  - Allowed/payment amounts
  - Dates of payment/remit number
  - Denial reason(s)
- Calls requiring a more detailed explanation on payments or denials, including requests for adjustments, will be routed to the Care1st Provider Claims Support team for assistance. We apologize for the additional step on more complex claims issues/questions. However, as the new process is fully implemented, we feel this will provide value added service on more detailed issues, while allowing general status calls to be handled faster. We also encourage you to check claims status on Care1st web portal whenever possible to avoid delays during peak hours, as well as for high volume status inquiries.

POS 02 and 10 Telehealth Services Valid for Dual Insurance Members Only

- AHCCCS decided not to implement place of service (POS) 02 or 10 for telehealth services for members that only have coverage with AHCCCS or AHCCCS is the primary payer.
  - All telemedicine claims where AHCCCS is the only insurer must be billed with a valid POS code that represents the location where the member is during the appointment. In most cases, that will be POS 12 for the member's home (the location where major life activities take place), unless the member has gone to a physician's office (POS 11) to use the telehealth equipment there to communicate with a provider at a different location.
- Primary claims for members that have Medicare, a Medicare Advantage plan, or Commercial carrier as primary to AHCCCS may require the provider to bill those POS for correct billing.
  - To reduce rework for the providers, AHCCCS will accept claims for POS 02 or 10 for Dual Insurance Members only.

FQHC & RHC Qualifying Services

- A qualifying PPS service is defined as a face-to-face or telemedicine: E&M Visit, EPSDT Visit, Adult Well Visit, Nutritional Counseling, BH Visit, Interventional Behavioral Health Visit, PT/OT/ST Visit, Surgical Procedure, and/or COVID-19 Vaccine
- Only one service of each discipline (Medical, behavioral health or dental) is payable if rendered on the same date of service
  ***Exception**: If a patient returns for a second physical medicine encounter on the same day for a distinct illness/injury, the second service is payable when billed with the appropriate modifier*
  - Nutritional counseling is not a separately payable service when rendered on the same day as another qualifying physical medicine service
  - The rendering physician name and NPI (XX/NPI 10 digits/Provider Name last, first 20 characters) is required in field 19 (EDI loop 2300 NTE segment)

As always, you can reach out to Network Management or the Provider Claims Liaisons at the location listed to the left if you have questions or concerns.