

PROVIDER NEWSLETTER

January - February 2020

What's New!

Company Changes – Steward Health Choice Arizona and Steward Health Choice Generations

Steward Health Choice Arizona and Steward Health Choice Generations is now owned by Blue Cross Blue Shield of Arizona. With this change, we will be changing our plan names to Health Choice Arizona and Health Choice Generations.

What does this mean to you? The good news is that there is nothing that you need to do!

We are here to answer your questions. You can call us toll free at 1-800-322-8670 (TTY 711) or visit our website at www.HealthChoiceAZ.com to learn more about this change.

In the meantime, here are some answers to the most commonly asked questions:

How will this affect members? Other than the change in name from Steward Health Choice Arizona to Health Choice Arizona and Steward Health Choice Generations to Health Choice Generations, members should not be affected by the change. Benefit and provider options will remain the same.

How will this affect my claims and payment from Steward Health Choice Arizona and Steward Health Choice Generations? All claims will continue to be processed for covered services by Health Choice Arizona and Health Choice Generations in accordance with the "Billing and Reporting Requirements" outlined in your specific provider contract for services provided prior to the transition date.

I obtained a Prior Authorization from Steward Health Choice Arizona and/or Steward

Health Choice Generations prior to the transition. Must I request a new Prior Authorization from Health Choice Arizona and/or Health Choice Generations? No. Health Choice Arizona and Health Choice Generations will honor these prior authorizations through their expiration date.

Is the provider Network Changing? No. BCBSAZ is acquiring Steward Health Choice Arizona and Steward Health Choice Generations and does not anticipate changes in the provider network. Thus, all Steward Health Choice Arizona and Steward Health Choice Generations provider contracts will remain in effect. This means that we expect the provider network will remain the same.

As a Provider will I still be able to see my steward Health Choice Arizona Members? Our goal is to make the transition from Steward Health Choice Arizona and Steward Health Choice Generations to BCBSAZ as seamless as possible. We intend to keep members assigned to their current health care providers.

Do I need a new contract with BCBSAZ? How will this affect my reimbursement? No. Since BCBSAZ is acquiring Steward Health Choice Arizona and Steward Health Choice Generations, all provider contracts will remain in effect.

How will this affect member benefits? There will be no change in members' benefits. AH-CCCS requires that all of its plans provide the same covered services to its members.

Will Member's receive new ID cards? Health Choice Arizona and Health Choice Generations will send members a new ID card sometime in 2020. Members will continue to use their Steward Health Choice ID card until they have received their new ID card. Providers will be notified once new ID cards are issued.

Health Choice Arizona – Executive Staff Addition – Chief Medical Officer



Health Choice Arizona is pleased to announce the addition to our Executive Leadership Team, Dr. Mark Carroll, who will be serving as Health Choice Arizona's Chief Medical Officer.

Dr. Carroll's diverse experience in public and population health is closely aligned with Health Choice Arizona and BCBSAZ's commitment to bring quality health care coverage to some of our state's most vulnerable populations. Dr. Carroll has served as The NARBHA Institute's Chief Health Officer for the last three years, during which he also served as a member of Health Choice Generation's Medicare Advisory Board, Health Choice Arizona's Governance Committee, and Health Choice Integrated Care's Board of Directors. Before joining NARBHA, Dr. Carroll also served as Chief Medical Officer for Flagstaff Medical Center and held multiple management positions in the Indian Health Service. Additionally, Mark's background in health equity is well aligned with Blue Cross Blue Shield of Arizona's mission of inspiring all Arizonans to live their healthiest lives.

Please join us in welcoming Dr. Carroll, as we continue our mission to ensure the provision of quality care and services to the populations we serve.



Star Light, Star Bright – Comprehensive Health Evaluation Incentive Program

HEALTH CHOICE GENERATIONS COMPREHENSIVE HEALTH EVALUATION (CHE) INCENTIVE PROGRAM FOR 2020

Health Choice Generations is pleased to partner with HCG PCP providers in providing our members excellent healthcare. We are happy to announce our 2020 Provider Incentive Program which involves the completion of a Comprehensive Health Evaluation (CHE) for each of your assigned members. This year's incentive remains similar to last year but slightly modified based on your feedback. We will be providing an additional payment for the completion of the "Exchange of Data" (EOD) form that accompanies the CHE.

INCENTIVE PROGRAM PARAMETERS for HCG PCP Providers:

Payment made for each approved CHE completed thru 12/31/2020:

- CHE must be sent to Health Choice within 30 days of date of service (DOS).
- An HCG HCC Risk Coder will review incoming CHEs and provide feedback if necessary
 - Providers have 2 weeks to complete the query process in order to qualify for payment
 - If query responses are not received within 2 weeks the CHE will be denied for payment
- A copy of the Annual Wellness Visit progress notes may be acceptable in place of the HCG CHE form. To submit your EMR record format for approval, contact hchperformanceimprovement@steward.org.
- Whether you use the CHE form or submit an extract from your EMR, CHEs should be emailed to hchperformanceimprovement@steward.org in Word or PDF format.
- CPT Category II HEDIS codes must be included in the claim, if performed.
- Monthly CHE summaries will be distributed to office contact.
- Engagement with HCG's CHE team is an expectation in order to support overall success.
- Payments will be sent to contract TIN within 60 days of approval.

Date of Completion (DOS)

January - December 2020

Completed CHE

\$400

Completed CHE and EOD

\$650

Note - Provider acknowledges that they have full authority to enter into this 2020 Comprehensive Health Evaluation Incentive Program. Should Health Choice Generations determine that any payments made under this program are not valid and/or not supported by the medical record or other applicable documentation, Health Choice Generations shall reserve the right to deny or recoup payment made based upon invalid or inaccurate documentation.

Change in Transportation Services

In our ongoing efforts to ensure the provision of quality care and services for our members, Health Choice Arizona (HCAZ) will now be contracted with Medical Transportation Brokerage (MTBA) to provide non-emergent medical transportation services for our members, effective 02/01/2020.

Members can call Member Services at 1-800-322-8670 (TTY:711) to arrange transportation services for medically necessary covered services. Members can learn more about this benefit in their Member Handbook.

For additional information please contact your Network Provider Representative or Member Services at 1-800-322-8670. We are committed to working with our providers to improve member outcomes and access to services.

Roche ACCU-CHEK Aviva Plus Meter Discontinuation

As a prescriber of blood testing supplies for Health Choice members, Roche, manufacturer of Accu-Chek blood glucose monitors and testing supplies, has recently announced upcoming changes to its product line. Roche will be discontinuing the Accu-Chek Aviva meter at the end of 2020 and the Aviva Plus test strips at the end of 2022. Therefore, in preparation for that discontinuation and to maximize efficiencies, Roche is encouraging use of their Bluetooth enabled meters, the Accu-Guide Me and the Accu-Chek Guide, both of which use the Accu-Chek Guide test strips.

As a result of these changes, effective 1/1/2020, Health Choice Arizona members will no longer be able to receive the Accu-Chek Aviva Plus meter via the Accu-Chek Free Meter Program.

Health Choice members may continue to receive the Accu-Chek Guide meter free from Roche.

A member can receive a Roche Accu-Chek meter in the following ways:

- Request a voucher online at <http://meters.accu-chek.com> or call the Accu-Chek Service Center at 1-800-835-8108 to make a request for a voucher. Take the voucher to the pharmacy to receive a meter.
- Ask a pharmacist to submit a prescription claim to the Roche Accu-Chek meter program.
- Contact Health Choice at 800-322-8670 for assistance.

Health Choice will continue to cover Aviva test strips. The Health Choice Arizona formulary currently covers the following blood glucose testing strips:

- Accu-Chek Aviva Plus Test Strips
- Accu-Chek Compact Plus Test Strips
- Accu-Chek Guide Test Strips
- Accu-Chek Smartview Test Strips

If pharmacies or members need technical assistance, they can call Roche at 1-800-835-8108. If Accu-Chek blood glucose testing supplies are not appropriate for your patient, you may submit a prior authorization request along with supporting clinical documentation to Health Choice Pharmacy Department for review. Please submit via fax to 1-877-422-8130.

Health Choice Arizona – Project ECHO

Health Choice Arizona (HCA) will be launching the Mountain ECHO Early Psychosis Intervention (EPI) Project ECHO program on January 13th, 2020. The EPI ECHO will focus on best practices in identifying and treating early psychosis in children and young adults. Registration is open to professionals across Arizona working directly with these populations.

Project ECHO is a tele-mentoring program that provides education through brief lectures and case consultations to multidisciplinary professionals. The program was developed at the University of New Mexico and has hundreds of Hubs worldwide focusing on different conditions. The Mountain ECHO EPI will be HCA's second Project ECHO program.

For more information about Project ECHO and HCA's Mountain ECHO programs, visit <https://www.healthchoiceaz.com/providers/mountain-echo/>.

For questions or more information about Mountain ECHO EPI, contact Jesse.Sharber@steward.org or Jermaine.Barkley@steward.org.

Compliance – It's Everyone's Business

Health Care Compliance Programs For Physicians

Establishing and following a compliance program will help physicians avoid fraudulent activities and ensure that they are submitting true and accurate claims. The following seven components provide a solid basis upon which a physician practice can create a voluntary compliance program:

1. Conduct internal monitoring and auditing.
2. Implement compliance and practice standards.
3. Designate a compliance officer or contact.
4. Conduct appropriate training and education.
5. Respond appropriately to detected offenses and develop corrective action.
6. Develop open lines of communication with employees.
7. Enforce disciplinary standards through well-publicized guidelines.

With the passage of the Patient Protection and Affordable Care Act of 2010, physicians who treat Medicare and Medicaid beneficiaries are required to establish a compliance program.

For more information on compliance programs for physicians, see OIG's "Compliance Program Guidance for Individual and Small Group Physician Practices" available at <http://oig.hhs.gov/authorities/docs/physician.pdf>.

Where To Go For Help

When you are considering whether or not to engage in a particular billing practice; enter into a particular business venture; or pursue an employment, consulting, or other

personal services relationship, it is prudent to evaluate the arrangement for potential compliance problems. The following is a list of possible resources that can help you.

- Experienced health care lawyers can analyze your issues and provide a legal evaluation and risk analysis of the proposed venture, relationship, or arrangement.
- The Bar Association in your state may have a directory of attorneys in your area who practice in the health care field.
- Your state or local medical society may be a good resource for issues affecting physicians and may have listings of health care lawyers in your area.
- Your specialty society may have information on additional risk areas specific to your type of practice.
- CMS's local contractor medical directors are a valuable source of information on Medicare coverage policies and appropriate billing practices. The contact information for local contractors is available at http://www.cms.gov/MLNGenInfo/30_contactus.asp.
- CMS's "Physician Center" <https://www.cms.gov/node/193496>, provides an overview of the Medicare program and information on Medicare reimbursement and payment policies.
- The OIG's website, available at <http://oig.hhs.gov>, provides substantial fraud and abuse guidance.
- As discussed above, OIG issues Compliance Program Guidance documents that include compliance recommendations and discussions of fraud and abuse risk areas. These guidance documents are available at <http://oig.hhs.gov/fraud/complianceguidance.asp>.
- OIG issues advisory opinions to parties who seek advice on the application of the Anti-Kickback Statute, Civil Mon-

etary Penalties Law, and Exclusion Authorities. Information on how to request an OIG advisory opinion and links to previously published OIG advisory opinions are available at <http://oig.hhs.gov/fraud/advisoryopinions.asp>.

- CMS issues advisory opinions to parties who seek advice on the Stark law. Information on how to request a CMS advisory opinion and links to previously published CMS advisory opinions are available at www.cms.gov/PhysicianSelfReferral/95_advisory_opinions.asp.

What To Do If You Think You Have A Problem

If you are engaged in a relationship you think is problematic or have been following billing practices you now realize were wrong:

- Immediately cease filing the problematic bills.
- Seek knowledgeable legal counsel.
- Determine what money you collected in error from your patients and from the Federal health care programs and report and return overpayments.
- Unwind the problematic investment.
- Disentangle yourself from the suspicious relationship.
- Consider using OIG's or CMS's self-disclosure protocols.

OIG Provider Self-Disclosure Protocol

The OIG Provider Self-Disclosure Protocol is a vehicle for physicians to voluntarily disclose self-discovered evidence of potential fraud. The protocol allows providers to work with the government to avoid the costs and disruptions entailed in a government-directed investigation. For more information on the OIG Provider Self-Disclosure Protocol, see <http://oig.hhs.gov/fraud/selfdisclosure.asp>. ■

Did You Know?

Are You Ready to Fight Flu this Season 2019-2020?

Influenza, or simply the flu, is caused by influenza virus. Almost everyone has had the flu at some point high fever, runny nose, sore throat, muscle pains, headaches, coughing, sneezing, and feeling tired-it's terrible. Good news is that it usually improves in a week, but occasionally someone can go from being completely healthy to being seriously ill requiring hospitalization or even care in the ICU. The

flu spreads when a sick person sneezes or coughs, and sends thousands of virus-containing droplets into the local area. If they're lucky, these viruses might land directly on another person's nose or mouth, but more often they end up landing on nearby objects like a table. But the flu virus is hardy and it can survive for hours in the environment.

Everyone 6 months and older should get a flu vaccine. Getting a flu vaccine every year provides the best protection against the flu.

As a health care provider, your strong recommendation is a critical factor that affects whether your patients get an influenza vaccine. Most adults believe vaccines are important, but they need a reminder from you to get vaccinated. Follow up with each patient during subsequent appointments to ensure the patient received an influenza vaccine. If the patient still is unvaccinated, repeat the recommendation to try to identify and address any questions or concerns.

The best protection against the flu is getting the flu vaccine! ■

Behavioral Health Corner

Health Choice Arizona (HCA) is the integrated health plan and Regional Behavioral Health Authority (RBHA) in Mohave, Yavapai, Coconino, Navajo, Apache, & Gila Counties. We ensure access to and are the payer for behavioral and physical health services for adults with Arizona Health Care Cost Containment System (AHCCCS) title XIX coverage and Serious Mental Illness (SMI).

AHCCCS Covered Behavioral Health Services Guide – Important Update

IMPORTANT NOTICE: Information contained within the AHCCCS Covered Behavioral Health Services Guide (CBHSG) has been transitioned into the following areas:

- AHCCCS Medical Policy Manual (AMPM) Policy 310-B, Behavioral Health Services Benefit
 - Title XIX/XXI benefit information.
- AMPM Policy 320-T, Non-Title XIX/XXI Behavioral Health Services
 - Non-Title XIX/XXI service information.

Appropriate AMPM Policies as necessary, including:

- AMPM Policy 310-BB, Transportation; and
- AMPM Policy 310-V, Behavioral Health Residential Facilities (BHRFs).
- The Fee-For-Service (FFS) and IHS/Tribal Provider Billing Manuals **Undergoing updates as of 10/27/2019.
- Chapter 19, Behavioral Health Services, FFS Provider Billing Manual
- Behavioral Health services billing information for FFS Providers
 - Note: Billing information in the FFS Provider manual is primarily directed to FFS providers; however, the general billing information not identified as specific to FFS providers may also be referred to by ACC (MCO) providers. For FFS Providers, any billing information noted as specific to ACC (MCO) only does not apply to FFS.

Providers serving ACC plan members should refer to the enrolled ACC plan billing manual, and/or contact the ACC plan directly for billing related questions. ■

Maternal and Child Health Corner

EPSDT Reminders

Pediatric Care Management:

If you feel a child is in need of a referral for care management please email or fax our Case Management (CM) referral form to: HCH_PediatricsCM@steward.org or fax (480) 317-3358.

The CM form can be found under the Providers section of our website under Forms: www.healthchoiceaz.com

EPSDT Tracking Forms:

Please keep sending us your tracking forms in a timely manner for your Well Child Visits! As a reminder, please include the AHCCCS ID on the tracking form and EMR's and verify your sending a complete file.

Please submit EPSDT Tracking forms and EHR's directly to the EPSDT department, either by email or fax.

Email: HCH.EPSDTCHEC@steward.org
Fax: (480) 760-4716

AzEIP Fax Number for Submissions has changed:

The Medical Prior Authorization Department will now be processing all AzEIP/EPST request. The updated fax number for AzEIP submissions is (480) 760-4993.

Missed Appointment Logs

As a reminder, please submit missed medical and dental appointment logs.

For medical please fax the log to (480) 760-4708 or email comments@healthchoiceaz.com

For dental please fax the log to (480) 350-2217

Appointment log forms are located on our website under Providers -> Provider Manual -> Exhibits 3.5.1 (Medical) and 3.5.2 (Dental).

Maternal Reminders

Postpartum Visits

Please make sure you are scheduling all members for a postpartum visit between 21-56 days.

Family Planning - Long Acting Reversible Contraception (LARC)

Health Choice Arizona provides the option for our members to use LARC as a birth control option. Please remember to mention this option to your patients when discussing family planning. LARC services are billable separate from a visit and can be started right after a mother delivers her infant.

OB Care Management

Did you know Health Choice has a robust care management department, if you have a member who you feel would benefit from wrap around services you can fax the CMR form found on the website: <https://www.healthchoiceaz.com/providers/forms/>

Fax to (480) 317-3358 or email the form to HCH.HCACaseManagement@steward.org. ■

We Heard You & We're Here to Help!

Provider Portal

The Health Choice Arizona Provider Portal is designed with you in mind. Included in this site, and accessed through a secure portal, is patient data such as claims history and prior authorizations.

Are you registered for the Provider Portal? Sign-up today!

Get access to member eligibility, claim status, prior authorization status and much MORE!

www.stewardhealthchoiceproviders.org/ProviderPortal/Login/.

If you do not have an account, we have easy instructions for creating an account on the portal log in page.

If you have any questions about the provider portal, please contact our Provider Services team at 1.800.322.8670 or contact your Provider Performance Representative. Customer service is the fabric of our organization. Our internal infrastructure is designed to provide your patients speedy access to customer service representatives and to expedite claims processing. ■

Tips & Tricks – Hypertension

Hypertension is a very common diagnosis that we see on a lot of medical records. Per the official ICD-10-CM coding guidelines, there is a presumed causal relationship between hypertension and heart involvement and between hypertension and kidney involvement. These conditions should be coded as related even in the absence of provider documentation linking them unless the documentation clearly states the conditions are unrelated. Hypertension, by itself, is coded I10.

Hypertension with heart conditions classified to heart failure, I50 or I51.4-I51.9 are assigned a code from category I11, hypertensive heart disease. The code for heart failure should also be coded to capture the heart failure. Let's look at an example:

Hypertension with Congestive Heart Failure is coded:

I11.0 Hypertensive heart disease with heart failure
I50.9 Congestive heart failure

Hypertension with chronic kidney disease, codes N18.1-N18.9 are assigned a code from category I12, hypertensive chronic kidney disease. The code for the chronic kidney disease should also be coded to capture the kidney disease. Let's look at another example:

I12.9 Hypertensive Chronic Kidney Disease
N18.3 Chronic Kidney Disease, Stage 3

But be careful! The code for the hypertension changes if the chronic kidney disease is documented as stage 5 or stage 6 (ESRD).

I12.0 Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal disease.

Let's dive into a more complicated coding scenario when hypertension, heart failure and chronic kidney disease are all documented. The code for hypertension changes again as all three conditions must be linked per the coding guidelines. In addition, the codes for heart failure and chronic kidney disease must be captured. Let's look at another example:

I13.0 Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4, or unspecified chronic kidney disease.

N18.3 Chronic Kidney Disease, Stage 3
I50.9 Congestive Heart Failure

But be careful! The code for the hypertension changes if the chronic kidney disease is documented as stage 5 or stage 6 (ESRD), yet again.

Let's use the same scenario as above but with Stage 5 chronic kidney disease:

I13.2 Hypertensive heart and chronic kidney disease with heart failure and with stage 5 chronic kidney disease or end stage renal disease.

I50.9 Congestive heart failure
N18.5 Chronic kidney disease, stage 5

Coding when hypertension is documented in the medical record can be as simple as one code (I10) or as complicated as requiring 3 codes when you have co-morbid conditions such as heart failure and chronic kidney disease. This is a sample of codes required when congestive heart failure is documented. Please reference the hypertension section of your coding books to assure you are capturing the correct hypertension codes when heart failure is not documented in the medical record. Happy Coding!

Contact Us

Health Care Network
Risk Adjustment Department
410 North 44th Street, Suite 900, Phoenix, AZ. 85008
(480) 968-6866 ext. 5034
Email: hchperformanceimprovement@steward.org

Coding and Documentation materials are based on current guidelines and are to be used for reference only. Clinical and coding decisions are to be made based on the independent judgement of the treating physician or qualified health care practitioner and the best interests of the patient. ICD-10-CM, CPT and HCPCS are the authoritative referenced for purposes of assigning diagnoses and procedure codes to be reported. It is the responsibility of the physician and/or coding staff to determine and submit accurate codes, charged and modifiers for services rendered. ■

Dental Corner

As part of our outreach, Health Choice Arizona offers Dental Health Fairs. We work with your team to set up a schedule and call to set appointment for members who are past due for their annual dental visit. We will have members of our team attend the health fair where we set up a table with our information and give goodie bags to each member who completes their appointment. Hosting a Dental Health Fair is a win for all and we look forward to working with you to reach our community providing dental education to improve the oral health of our members. Please reach out to us with any questions about the health fair or to get your office scheduled.

We are here to assist with outreach and scheduling of appointments year round. The Health Choice team contacts members who show gaps in care, provide education, and assists with scheduling appointments.

As a reminder, our adult members 21 years of age and older do have emergency dental benefits with a \$1,000/year max. These services do not require prior authorization, however, must be emergency based to be covered. Routine dental care is not a benefit for adult members.

Should you have questions please contact the Health Choice Dental Program at 480-968-6866 ext. 6006.

Health Choice also provides a supplemental dental benefit through Health Choice Generations. Members who are a part of the Generations plan have a supplement of \$3,000 for specific covered services including dentures. The Health Choice Dental Program is available to answer any questions you may have regarding coverage, warranty, and frequency limitations. ■

Provider Resources

Our team brings an open vision to Arizona. We believe that those who provide care should be the leaders in creating and constructing new, better and less invasive mechanisms for the delivery of the care they provide. We are provider-owned and we understand both the rewards and difficulties of managed care and health plan/provider relationships.

Health Choice Arizona:

www.HealthChoiceAZ.com

Health Choice Generations:

www.HealthChoiceGenAZ.com

Visit us online for provider specific resources! To help you and your staff stay informed and help address any questions about Health Choice, we have established the following support services:

Provider Services call center

1-800-322-8670

Open Monday-Friday 6:00AM-6:00PM

Provider Portal: 480-760-4651 ■