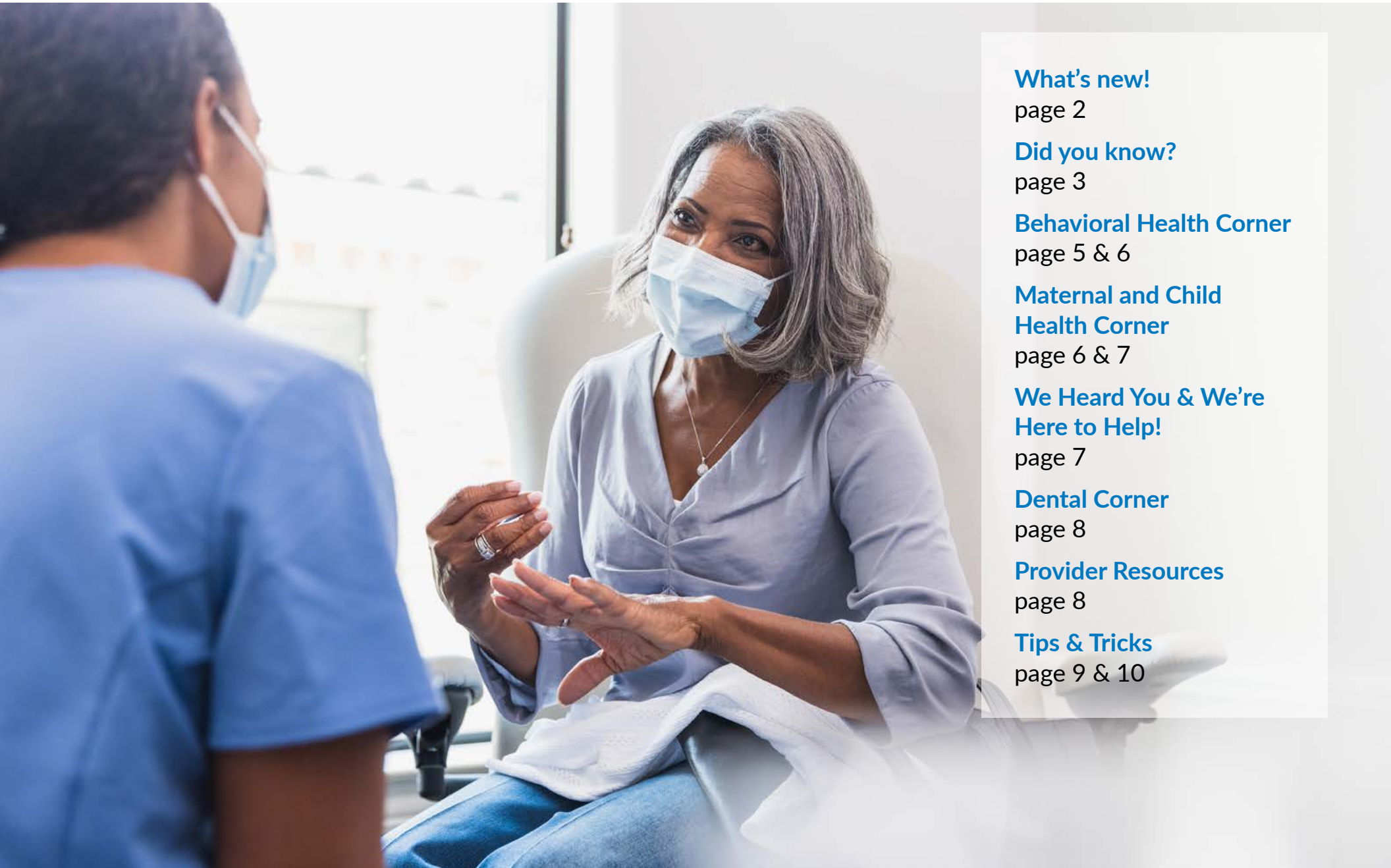




Provider Newsletter

November - December 2020



What's new!

page 2

Did you know?

page 3

Behavioral Health Corner

page 5 & 6

Maternal and Child Health Corner

page 6 & 7

We Heard You & We're Here to Help!

page 7

Dental Corner

page 8

Provider Resources

page 8

Tips & Tricks

page 9 & 10

What's new!

Hold the COVID – A Message from our Chief Medical Officer Dr. Mark Carroll



As we head into the holiday season, there is no better time to remember our common purpose and collective capability. This past year has been one of the most difficult in memory; many in our communities, and some members of our own families, have fallen ill from COVID19. Despite the year's challenges and tragedies, however, we have learned much – and have much learning ahead. New therapies, vaccines, and improved testing will undoubtedly be part of our ongoing formula for success. So too will be masks, physical distancing, and common sense prevention techniques.

Dr. Dave Engelthaler, the director of TGEN North, recently sent me a message that resonated. To the point yet filled with human caring, Dave recommends that the following:

“Family and friends are more important than ever. As the holidays approach, it's important to keep them COVID-free. Limit the size of your celebrations, mask up, stay distant, protect the most vulnerable in your life. Give thanks, pass the gravy and pumpkin pie,... but hold the COVID. Keep your holiday tradition, but Keep it Small and Keep it Safe.”

The entire Health Choice team gives thanks for you and your teams – and for your commitment to quality care. We appreciate you. Let's keep passing kindness, healthy food, and sound collective action.

- Mark Carroll, MD



Arizona Immunization Program – Pandemic Provider Onboarding

The Arizona Immunization Program Office (AIPO) does not know if/when COVID-19 vaccines will become available. However we want to be prepared and engage our partners now, so we are ready if/when vaccines are available for distribution in Arizona.

Both VFC and non-VFC providers who would like to administer future COVID-19 vaccines must complete the Pandemic Provider Onboarding survey forms. The survey forms serve two purposes:

1. to ensure the signatory provider knows the requirements, and
2. to ensure the facility is able to meet each requirement. The signatory provider is required to complete all of the surveys and be approved by the AIPO before this facility will be able to order future potential pandemic vaccines.

As more information is learned about future vaccines the AIPO may add additional survey forms to the onboarding tool to pass the information along. The signatory provider will need to sign a CDC provider agreement.

When it is available it will be added to the onboarding tool. Email notifications will be sent as forms are added to the onboarding tool. Onboarding is not an instantaneous process. It will take AIPO time to add providers to ASIIS and review requirements.

Onboard now. Plan for it to take time. The onboarding tool has the high level requirements for the signatory provider. Provider staff can go to AIPO Train to learn how to order, receive, store, administer, document, and account for pandemic vaccines in ASIIS.

Go to redcap.link/onboard to onboard.

If the link above does not work, try copying the link below into your web browser:

redcapaipo.azdhs.gov/surveys/?s=DY8CA9LMJ8

We appreciate your continued efforts to help Arizonans be healthy and vaccinated.

Did you know?



Health Choice Q4 All Provider Forum

Health Choice Arizona and Health Choice Generations will be hosting our fourth Provider Forum of the year.

Due to the COVID19 outbreak in Arizona, we have made the decision to hold this event via Zoom ONLINE ONLY. Please join us!

Zoom Only
Wednesday December 16, 2020
11:30am - 1:00pm

You can participate by joining us online:
From your PC, Mac, Linux, iOS or Android:

zoom.us/j/4807604593

AND

By calling: [669-900-6833](tel:669-900-6833) or
[253-215-8782](tel:253-215-8782) or [346-248-7799](tel:346-248-7799)

Meeting ID #: 480 760 4593

If you plan to attend please RSVP to
Jadelyn.Fields@healthchoiceaz.com
with your name, office name and number
of anticipated guests.

We heard you!

At Health Choice, we are dedicated to making a difference. The opinion of your practice is an important source of information that will help us identify and deliver the solutions that will best meet your needs.

Come join us and let us share our progress with you, we look forward to hearing from you!

Referring, Ordering, Prescribing, Attending (ROPA) Providers Required to Register with AHCCCS

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

Effective Date Change: After June 1st, 2021 claims which include referring, ordering, prescribing or attending providers who are not enrolled with AHCCCS will not be reimbursed.

Health Choice encourages all providers who are not currently registered with AHCCCS, but who are referring, ordering, prescribing or attending providers, to register as an AHCCCS provider as soon as possible. You can check your current registration with AHCCCS as the following link; www.azahcccs.gov/Members/ProgramsAndCoveredServices/ProviderListings/.

If you are not enrolled and need to be, click here to begin www.azahcccs.gov/PlansProviders/APEP/ProviderEnrollment.html

Service providers whose claims include referring, ordering, prescribing or attending providers who are not registered with AHCCCS should work with these providers to complete their registration. Don't be the Weak Link in the Claim!

For more information visit:

www.azahcccs.gov/PlansProviders/NewProviders/ROPA.html

Expedited Prior Authorization Request Reminder

On the rare occasion you should need to submit a Prior Authorization (PA) request as expedited, please ensure you have included all the required information:

- Requests must include ALL the necessary clinical documentation to support medical necessity to avoid unnecessary denials. Supporting documentation includes the following:
 - Current diagnosis and treatment already provided by the PCP/requesting provider
 - All pertinent medical history and physical examination findings
 - Diagnostic imaging and laboratory reports (if applicable)
 - Indications for the procedure or service
 - Alternative treatments, risks and benefits (including the indication of such discussions with patient)
 - For Out-of-network (OON) providers/facilities and/or Non-Formulary (NF) medication requests – specific information which explains need for OON or NF service is required
- Requests must include correct codes (ICD-10, CPT, and HCPCS) to complete the prior authorization request.
- PA request forms must have all necessary fields completed and it must be legible.

Please note – determinations for expedited requests must be made within 72 hours

It is critical to provide ALL information for an expedited request submitted on a Friday or prior to a holiday as there is no opportunity for the health plan to obtain missing information

Home Infusion Reminder - Coram Specialty Infusion Services

As a reminder, our acute infusion service provider is Coram Infusion (for IV hydration, Zofran pumps, antibiotics, TPN, enteral nutrition, standard chemo drugs, etc.).

Please refer requests for home infusion and injectables not self-administered to Coram Specialty Infusion Services. Requests can be directed to Coram Specialty Infusion Services at:
Phone: 480-240-3200
Fax: 480-505-0455

Makena Exception:

Makena must be processed through the pharmacy benefit for AHCCCS plans. For the Health Choice Arizona Medicaid plan, Makena must be dispensed by CVS Specialty

Pharmacy. Please e-prescribe the prescription to CVS Specialty Pharmacy. For Medicare plans such as Health Choice Generations, most home infusion drugs must be covered under the Part D benefit (the pharmacy benefit). Health Choice Generations, home infusion drugs can be dispensed at any in network pharmacy, including but not limited to CVS Specialty Pharmacy.

Providers submit pharmacy prior authorization request through the Health Choice pharmacy department. Health Choice providers have the ability to submit Pharmacy Coverage Determinations to the Plan online at healthchoice.promptpa.com/. Providers can also access this link directly from their Home page within their secure provider portal.

Provider Directory Maintenance

Health Choice is conducting maintenance of the provider directory! To ensure your information is accurately reflected in our directory, please login to your CAQH and update any information which may be outdated, including:

1. Practice address, phone number and hours
2. Hospital affiliations
3. Board certification
4. Languages spoken

The above information reflected in your CAQH may be utilized for the provider directory and displayed to members. Hospital affiliations are frequently inaccurately reflected on the CAQH, it is important to maintain accuracy of this information so members can easily identify where they may receive care from you. Please confirm the accuracy of the hospitals listed on your CAQH and reattest to finalize any changes made.

Behavioral Health Corner

Behavioral Health Corner

Health Choice Arizona (HCA) is the integrated health plan and Regional Behavioral Health Authority (RBHA) in Mohave, Yavapai, Coconino, Navajo, Apache, and 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).

Workforce Development – Training Offerings

Your HCA Workforce Department is excited to announce and rollout the HCA Clinical Team Training Series! Since April of this year, HCA has provided clinical trainings via a webinar based platform (Zoom/Eventbrite), and recorded each of these sessions for you and your staff to view and learn from in Relias. We have listed these trainings out below, as well as have attached an excel spreadsheet that summaries what each of the trainings cover in more detail. If you have additional questions or needs, please reach out! We are always looking for ideas to deliver new trainings to the network, so send your thoughts/needs our way. Also, if you are interested in joining us for a live session, please visit our Eventbrite page for a list of future trainings: www.eventbrite.com/o/health-choice-arizona-18029430714

Take care of yourselves and each other.

Current Clinical Trainings – there are 17 in total to date:

1. Health Choice Arizona - Clinical Team Webinar Series - Bibliotherapy - Books that Help Children Explore Race and Identity
2. Health Choice Arizona - Clinical Team Webinar Series - Birth – Five Best Practices and AHCCCS Practice Protocol Tool
3. Health Choice Arizona - Clinical Team Webinar Series - Grief & Loss
4. Health Choice Arizona - Clinical Team Webinar Series - Play Therapy Room Setup
5. Health Choice Arizona - Clinical Team Webinar Series - Stages of Play
6. Health Choice Arizona - Clinical Team Webinar Series - Telepractice: Bibliotherapy Interventions for Ages 6-10
7. Health Choice Arizona - Clinical Team Webinar Series - Telepractice: Bibliotherapy Interventions for B-5
8. Health Choice Arizona - Clinical Team Webinar Series - Telepractice: Circle Time – Colors, Numbers, Animals, and Shapes
9. Health Choice Arizona - Clinical Team Webinar Series - Telepractice: Circle Time Techniques for Birth to Five Services
10. Health Choice Arizona - Clinical Team Webinar Series - Telepractice: Dance and Movement
11. Health Choice Arizona - Clinical Team Webinar Series - Telepractice: Interventions for Adolescents (11-17 years old) with Moderate Anxiety

12. Health Choice Arizona - Clinical Team Webinar Series - Telepractice: Parent Coaching
13. Health Choice Arizona - Clinical Team Webinar Series - Tips for Teletherapy
14. Health Choice Arizona - Clinical Team Webinar Series - Tips for Teletherapy Services: Using Puppets
15. Health Choice Arizona - Clinical Team Webinar Series - Tips for Teletherapy: Emotional Literacy
16. Health Choice Arizona - Clinical Team Webinar Series - Tips for Teletherapy: Metaphor in Play
17. Health Choice Arizona - Clinical Team Webinar Series - Using Pop Culture Icons in Play Therapy

PS: As an added reminder/bonus to help increase staff knowledge in matters related to Integrated Care, please refer staff to the HCA Integrated Care Teams Integrated Care Training Series. There are 13 modules total (please see the attached document and list below for more information):

Integrated Care Trainings:

1. Health Choice Arizona - Integrated Care Training Series - Asthma

continues on next page

continued from previous page

2. Health Choice Arizona - Integrated Care Training Series - Chronic Obstruction Pulmonary Disease (COPD)
3. Health Choice Arizona - Integrated Care Training Series - Congestive Heart Failure (CHF)
4. Health Choice Arizona - Integrated Care Training Series - Coronary Artery Disease (CAD)
5. Health Choice Arizona - Integrated Care Training Series - Diabetes
6. Health Choice Arizona - Integrated Care Training Series - Eating a Nutrient-Rich Diet
7. Health Choice Arizona - Integrated Care Training Series - Emergency Department Utilization (EDU)
8. Health Choice Arizona - Integrated Care Training Series - Hyperlipidemia
9. Health Choice Arizona - Integrated Care Training Series - Hypertension
10. Health Choice Arizona - Integrated Care Training Series - Introduction to Serious Mental Illness
11. Health Choice Arizona - Integrated Care Training Series - Preventive Care
12. Health Choice Arizona - Integrated Care Training Series - Sexually Transmitted Infections (STIs)
13. Health Choice Arizona - Integrated Care Training Series - Weight Loss

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@healthchoiceaz.com 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 EMR's directly to the EPSDT department, either by email or fax.

EPSDT screening for AHCCCS members less than 21 years of age is required. Submission can be completed with fax or mail. All EPSDT information is logged into the members file for tracking and reporting purposes as required by AHCCCS. Age appropriate screenings include vision, hearing, oral health, nutrition, development, tuberculosis (TB), BMI and lead. Any referrals you have for the member are also noted.

Working together we can keep kids healthy. Healthy children will lead to healthy adults.
Email: HCH.EPSDTCHEC@healthchoiceaz.com
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 and Child Health Corner



Arizona State Immunization Information System (ASIS)

Timely administration of childhood and adolescent immunizations are more essential this year than ever, and AHCCCS requires that all administered immunizations are logged into ASIS, the statewide immunization portal. Data integrity in ASIS is critically important because common data entry errors like duplicate patient records and mis-keyed dosage information can make it difficult for providers, plans, and AHCCCS to know which members are truly overdue for immunizations. We highly recommend that you require your staff who enter data into ASIS to complete the patient data and dose data trainings on ASIS's online learning portal, APO TRAIN. aipo.myabsorb.com/?KEYNAME=AIPOTRAIN

Maternal Reminders

Pediatric Care Management

Health Choice has a team of skilled pediatric care managers who promote health literacy specific to the needs of children with high risk conditions. Our pediatric care managers are registered nurses who understand the role social determinants of health have on impacting health outcomes. Pediatric care managers interface with parents/guardians, providers, and community constituents to facilitate educational and coordination of care interventions for high risk infants, children, and adolescents.

Please email our Care Management (CM) referral form to:
HCH_PediatricsCM@healthchoiceaz.com
or fax **480-317-3358**.

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

OB Care Management

Did you know Health Choice also has an OB Care Management team comprised of skilled nursing professionals and maternal child assistants who provide integrated culturally sensitive interventions to high risk moms. High risk conditionals are often identified from the timely submission of TOB forms. If you have a pregnant member with high risk medical or BH conditions, please refer to our OB CM team.

Please email our Care Management (CM) referral form to: HCHHCACaseManagement@healthchoiceaz.com or fax **480-317-3358**.

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

Syphilis Testing

Prenatal Syphilis screening is important to both mom and her fetus. Undiagnosed syphilis during pregnancy delays treatment and can result in transmission to the fetus (Congenital Syphilis). Congenital syphilis is associated with stillborn delivery and neonatal death.

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.

Dental Corner



Dental Prior Authorizations – How to Avoid Delays

Health Choice Arizona currently serves over **216,000** members utilizing over **3,600** dental providers. Our Oral Health Department processes approximately **1,200** dental prior authorizations per month. Prior Authorizations are processed at an impressive **12 hours** for expedited and **1 1/2 days** for standard prior authorizations... our goal is to ensure that our members get the quality care that they need promptly and efficiently.

The vast majority of our providers do an excellent job with regard to the submission of prior authorizations for their patients. A small number of providers, however, have had some issues with this process. In response to this, we have prepared a list of issues, we at Health Choice have identified that can delay the prior authorization process:

- Missing Information (i.e. clinical notes, radiographs)
- Submitting NON-DIAGNOSTIC radiographs
- Faxing radiographs...these cannot be used for diagnostic purposes
- Missing Tooth # for specialist referrals
- Warranties (i.e. RCT, Crowns, Space Maintainers)
- Submitting invalid ADA codes
- Eligibility status
- Not labeling the request clearly as “Standard” or “Expedited”. Expedited service requests should only be used if the treatment is required to prevent serious deterioration in the member’s health or could jeopardize the member’s ability to attain, maintain, or regain maximum function. Inappropriate

“Expedited” requests result in slower response times for truly urgent medical authorizations from all network providers.

Overall, referring to the Dental Matrix to determine the necessity for prior authorization is essential. What procedures require prior authorization, what are the covered benefits, benefit limitations, frequency limitations, age limitations, and all completed and necessary documents to ensure smooth and efficient processing.

We at Health Choice Arizona are dedicated to ensuring that all our members are treated in a timely manner. With your assistance, we can be certain that these members receive the best quality care when they need it. If you have any questions, please reach out to our Dental Prior Authorization Department at **460-968-6866 x 6006**.

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,
6:00 a.m. - 6:00 p.m.
Provider Portal: 480-760-4651

Please take advantage of additional resources available online on the 'Provider' tab of our websites

****MEMBER PRIVACY NOTICES** are included in the Health Choice Member Handbook and can be located on the Health choice Website at:**
www.healthchoiceaz.com/privacy-notice/

Tips & Tricks –

Major Depression



Major depression is a serious health concern for many patients, including our seniors who often go undiagnosed. When left untreated, major depression leads to a decrease in quality of life and functional status and an increase in overall suffering.

Screen your patients at least once a year with the PHQ-9. It is an easy to use, validated tool that patients can fill out while waiting to be seen. A score of ≥ 10 is 88% sensitive and specific for major depression. A score of < 10 has a 99% negative predictive value for major depression.

If a patient is on an antidepressant for depressed mood, meets criteria by DSM V, or scores ≥ 10 on a PHQ-9, then diagnose patient with Major Depression. Specify as single or recurrent episode and the severity of the disease. Diagnose every year even though they may be getting their treatment from a psychiatrist. If patient is asymptomatic continue to diagnose and choose code for “in remission”.

Using the PHQ-9 to Diagnose Major Depression:

- There has to be at least 5 ✓’s in the shaded section
- One of the questions must be question #1 or #2
- The last question should be marked at least “somewhat difficult”
- There should be no physical cause for the depression and normal bereavement should be ruled out

Recommendations

- If your patient scores normally, screen yearly or sooner if they suffer from an acute change in health (MI, CVA, cancer, ESRD, DM).
- If your patient scores “mild depression” but it is not considered “major”, and their symptoms have been present most days for ≥ 2 years, they most likely have dysthymic disorder and warrant treatment as well.

Don’t forget to VALIDATE: DIAGNOSIS, STATUS AND PLAN

for SINGLE EPISODE, (F32. -)

Diagnose as active even if patient is asymptomatic on treatment or refuses treatment

F32.0....mild

F32.1....moderate

F32.2....severe without psychotic features

F32.3....severe with psychotic features

F32.4....in partial remission

F32.5....in full remission

For RECURRENT EPISODE, (F33. -) considered lifelong and chronic. Diagnose yearly even if asymptomatic on or off treatment or refuses treatment

Tips & Tricks –

Major Depression

Patient Health Questionnaire (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems? (use a "✓" indicate your answer)	None 0	Several Days 1	More than half the Days 2	Nearly Every Day 3
1. Little interest or pleasure in doing things				
2. Feeling down, depressed, or hopeless				
3. Trouble falling or staying asleep, or sleeping too much				
4. Feeling tired or having little energy				
5. Poor appetite or overeating				
6. Feeling bad about yourself - or that you are a failure or have let yourself or your family down				
7. Trouble concentrating on things, such as reading the newspaper or watching television				
8. Moving or speaking so slowly that other people could have noticed? Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual				
9. Thoughts that you would be better off dead or of hurting yourself in some way				
If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people? (use a "✓")	Not difficult _____	Somewhat Difficult _____	Very Difficult _____	Extremely Difficult _____

Contact Us:

Health Choice Arizona Risk Adjustment Department
 410 North 44th Street, Suite 900
 Phoenix, AZ 85008
480-968-6866 ext. 5034
 Email:
hchperformanceimprovement@healthchoiceaz.com

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.

