

# PROVIDER NEWSLETTER

JULY 2019



## What's New!

### Star Light, Star Bright – Reaching for the Stars

#### What is Star?

Medicare Star Ratings is a performance program administered by the Federal government entity Center for Medicare and Medicaid Services (CMS). All Medicare Advantage (MA) health plans receive a Star Rating that help patients and their families pick a health plan and provider based on important areas, such as quality and experience of care and customer service.

#### How does it work?

CMS has identified 46 unique performance measures to determine a plan's overall Star Rating in every area of the health plan from clinical care to access to care. These measures roll up into a single Star rating, making it easy for patients to pick a plan and provider. A 5 Star rating denotes excellence in performance, something Steward Health Choice strives for every day.

#### What does this have to do with me?

Everything! Star rating is essential to our success as a health plan and our providers. Star rating is engrained in who we are – it's in our Mission, Vision and Values. We are connecting our members and patients with quality care networks and we strive every day to be the provider of choice by revolutionizing health care services.

Every day is an opportunity for you to work with your patients to achieve success. Steward Health Choice is committed to being the premier health plan and this commitment

reaches Star Rating, as well. In the coming days, weeks and months, there will be a focus on how you & your practice can impact our own Star Rating, with a goal to be the best plan and provider available to patients.

If you have any questions, want to participate or if we can assist with additional training, (linking CHE), please contact our Performance Improvement Team Coordinators at: [HCHPerformanceImprovement@steward.org](mailto:HCHPerformanceImprovement@steward.org)

### Compliance – It's Everyone's Business

#### Ensuring the Correct Patient Gets the Correct Paperwork

*As a HIPAA covered entity, it is your responsibility to respect and protect your patients' confidentiality and privacy.*

#### Common Errors in Handling PHI:

- Handing Discharge Instructions for Patient A to Patient B.

- Handing the correct Patient Instructions to Patient A, however accidentally including a page from the paperwork for Patient B.
- Mailing lab results to the wrong patient.

When printing patient instructions or other patient information, be sure to take the time to verify.

- Match the patient name to the instructions or documents provided.
- Confirm each page of the document(s) belongs to the patient.

Should you learn that an unintended person receives PHI, it is important to alert your manager or compliance officer immediately.

- It is important to report incidents immediately as healthcare providers are held to strict reporting timelines in many cases.
- Your compliance officer will review the reported incident to determine whether further actions that may be required by law are necessary.
- Cooperate with any follow-up needed to investigate the incident.

#### Test Your Knowledge!

**Q:** A patient calls to report that, included within her paperwork from a recent visit, is paperwork from another patient. Since it's from a week ago, she says she'll throw it away. What should you do?

**A:** Request the patient's name, phone number, and address. Ask that she not view the confidential information, and that she either return or securely destruct the document. Report the error to your manager or compliance officer. ■



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## Did You Know?

### The Medicare Learning Network (MLN) & Learning Management System (LMS)

The Medicare Learning Network® (MLN) offers free educational materials for health care professionals on Centers for Medicare & Medicaid Services (CMS) programs, policies, and initiatives. You can get quick access to the information you need.

- Publications & Multimedia
- Events & Training
- News & Updates
- Continuing Education

Find a complete list of MLN educational offerings in the MLN Catalog. CMS provides the most up-to-date information on hot-button topics via the MLN Calls & Webcasts. Visit the MLN Calls & Webcasts webpage to see a full list of national provider calls, videos, and available Continuing Education Units (CEUs).

[www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLN-Products/Downloads/LMPOS-FAQs-Booklet-ICN909182.pdf](http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLN-Products/Downloads/LMPOS-FAQs-Booklet-ICN909182.pdf)

A key part of the MLN is the recently upgraded Learning Management System (LMS), which hosts and tracks educational activities, post-assessments, and certificates for health care providers. The system has a new look, but users can keep the same login ID and password if they had an account previously.

The LMS also provides access to MLN products in downloadable format for free. The following two content types (formats) are accessible on the LMS:

- **Bundle:** An item you can view online, print, or download to your computer. Bundles include podcasts, publications, and videos.
- **Online:** A Web-Based Training (WBT) course. WBTs are interactive training you can take at your own pace on your computer or mobile device.

**Note:** Many MLN products are available as bundles. This publication addresses how to use the MLN LMS. Specific topics include the following:

- Accessing the LMS
- Finding products on the LMS
- Taking a WBT course on the LMS



### Reminder of AHCCCS Regulation regarding Claims Timely Submission and Claims Processing

Please refer to the AHCCCS Regulation regarding Claims Timely Submission and Claims Processing AHCCCS Contractor Operations Manual (ACOM) 203 - Claims Processing [tst.azahcccs.gov/Shared/Downloads/ACOM/PolicyFiles/200/203v2.pdf](http://tst.azahcccs.gov/Shared/Downloads/ACOM/PolicyFiles/200/203v2.pdf)

#### Important items to note within ACOM 203:

##### B. TIMELINESS OF CLAIM SUBMISSION

Unless a subcontract specifies otherwise, Contractors shall ensure that for each form type (Dental/Professional/Institutional) 95% of all Clean Claims are adjudicated within 30 days of receipt of the Clean Claim and 99% are adjudicated within 60 days of receipt of the Clean Claim.

1. The Contractor shall not pay:
  - a. Claims initially submitted more than six months after date of service for which payment is claimed or after the date that eligibility is posted, whichever date is later, or
  - b. Claims that are submitted as Clean Claims more than 12 months after date of service for which payment is claimed or after the date that eligibility is posted, whichever date is later (A.R.S. §36-2904(G)).

A.R.S. §36-2904(G)

[www.azleg.gov/ars/36/02904.htm](http://www.azleg.gov/ars/36/02904.htm)

G. The administration shall not pay claims for system covered services that are initially submitted more than six months after the date of the service for which payment is claimed or after the date that eligibility is posted, whichever date is later, or that are submitted as clean claims more than twelve months after the date of service for which payment is claimed or after the date that eligibility is posted, whichever date is later, except for claims submitted for reinsurance pursuant to section 36-2906, subsection C, paragraph 6. The administration shall not pay

claims for system covered services that are submitted by contractors for reinsurance after the time period specified in the contract. The director may adopt rules or require contractual provisions that prescribe requirements and time limits for submittal of and payment for those claims. Notwithstanding any other provision of this article, if a claim that gives rise to a contractor's claim for reinsurance or deferred liability is the subject of an administrative grievance or appeal proceeding or other legal action, the contractor shall have at least sixty days after an ultimate decision is rendered to submit a claim for reinsurance or deferred liability. Contractors that contract with the administration pursuant to subsection A of this section shall not pay claims for system covered services that are initially submitted more than six months after the date of the service for which payment is claimed or after the date that eligibility is posted, whichever date is later, or that are submitted as clean claims more than twelve months after the date of the service for which payment is claimed or after the date that eligibility is posted, whichever date is later. For the purposes of this subsection:

1. "Clean claims" means claims that may be processed without obtaining additional information from the subcontracted provider of care, from a noncontracting provider or from a third party but does not include claims under investigation for fraud or abuse or claims under review for medical necessity.
2. "Date of service" for a hospital inpatient means the date of discharge of the patient.
3. "Submitted" means the date the claim is received by the administration or the prepaid capitated provider, whichever is applicable, as established by the date stamp on the face of the document or other record of receipt. ■



## Behavioral Health Corner

Steward Health Choice Arizona (SHCA) 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).

### New and Improved AHCCCS Behavioral Health Service Matrix

The new and improved Behavioral Health Services Matrix (formerly called the B2 Matrix) is now available on the recently added AHCCCS Medical Coding webpage. [www.azahcccs.gov/PlansProviders/MedicalCodingResources.html](http://www.azahcccs.gov/PlansProviders/MedicalCodingResources.html)

#### Note:

- Instructions on how to use the Matrix: The gold colored tabs have drop down options for you to search the pages. The blue colored tabs contain all the complete information with no drop down capability.
- The revisions tab will reflect all the updates made with date. This "Matrix" will be updated monthly if needed. Always check revision date on top of this page for the most current changes.
- The blue links below will take you to the correct page for the information listed.

### Recover Wellness Program - Managing Hypertension

The Recover Wellness Program at SHCA is dedicated to providing support to our high risk Northern Arizona members diagnosed with a serious mental illness (SMI). We use an integrated care management approach to help ensure that our SHCA members with such illnesses as Schizophrenia, Bipolar Disorder, and Major Depression receive the physical and mental health services that allow them to lead safe and full lives.

Each month, we focus on a health topic that affects the SMI member population and provide educational information to health homes (integrated behavioral health clinics) and medical providers who deliver their mental and physical health care. Our partnership with physical and mental health care providers is crucial to helping our SMI mem-

bers get the care they need. This month we are focusing on managing hypertension. Targeted members are those diagnosed with hypertension or high blood pressure via self-report or medical documentation. We separate members in to Low, Moderate, or High risk categories using data gathered from the Johns Hopkins ACG System.

Below is a list of recommendations for mental and physical health care providers when managing the care of an SMI member with hypertension:

- **Regular PCP Visits:** Encourage our SMI members to see their medical provider regularly. If they do not have a PCP, call our Member Services Line (800-640-2123) to find out their assigned PCP.
- **Nurse Assistance Line:** Educate members to call our 24 Hour Nurse Assistance Line at 855-354-9006 for advice on how to help members reduce their blood pressure.
- **Medication Adherence:** Ask your members if they take the medication(s) needed to manage their hypertension daily. Their doctor may recommend limiting salt.
- **Monitoring Blood Pressure:** Support members with checking their blood pressure regularly. Encourage members (or a spouse or loved one) to learn how to check blood pressure at home and when to call 911 or their doctor if they are having a hypertensive crisis. They can also call our 24 Hour Nurse Assistance Line at 855-354-9006 with questions.
- **Healthy Eating:** Encourage members to eat a low salt, low fat diet. Educate members on healthy food and drink choices and appropriate meal portions and serving sizes.
- **Move!** Encourage regular exercise. If a member is overweight, it may help to lose weight as obesity stresses the heart. Being sedentary or physically inactive is a risk factor for developing hypertension or high blood pressure.
- **Limit Alcohol:** Support member to reduce alcohol use or not drink alcohol at all. Heavy alcohol use is a cause or risk factor in developing hypertension and can raise blood pressure to unhealthy levels.
- **Manage Stress and Anxiety:** Encourage members to identify ways to reduce stress, depression, and anxiety. An increase in stress, depression and anxiety can exacerbate high blood pressure.

- **Get Key Vaccines:** Support member in getting key vaccines: pneumonia, flu, and Tdap. Vaccines are available through a member's doctor, county health department or local pharmacy.
- **Smoking Reduction/Cessation:** If a member is a smoker, encourage them to stop smoking. ASHLine is a free resource: [www.ashline.org](http://www.ashline.org) or 1-800-55-66-222.
- **Self-Care:** Help the member take a Healthy Living (CDSMP) workshop to learn how to manage their health. For information, go to: [www.azlwi.org](http://www.azlwi.org)

Know that the Recover Wellness team is available to talk with providers about how to help our shared members manage and reduce their blood pressure. You can contact us at: [HCH.HCICICM@steward.org](mailto:HCH.HCICICM@steward.org). Thank you for helping our members with SMI reach and maintain their health goals.

### Connecting Members with Treatment for Opiate Use Disorder

Drug overdose deaths, including those involving opioids, continue to increase in the United States. Deaths from drug overdose are up among both men and women, all races, and adults of nearly all ages.

Two out of three drug overdose deaths involve an opioid. Opioids are substances that work in the nervous system of the body or in specific receptors in the brain to reduce the intensity of pain. Overdose deaths from opioids, including prescription opioids, heroin, and synthetic opioids (like fentanyl) have increased almost six times since 1999. Overdoses involving opioids killed more than 47,000 people in 2017, and 36% of those deaths involved prescription opioids. (CDC "Overview of the Drug Overdose Epidemic").

According to Arizona Department of Health Services, between the date range 6/15/17 - 4/18/19, there have been 2,886 suspected opioid deaths and 20,541 suspected opioid overdoses. ([www.azdhs.gov/prevention/womens-children-health/injury-prevention/opioid-prevention/index.php](http://www.azdhs.gov/prevention/womens-children-health/injury-prevention/opioid-prevention/index.php)).

Arizona has five agencies throughout the state that provide opioid treatment 24 hours a day, 7 days a week to serve individuals who need immediate access to treatment services and connections for ongoing services.

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Steward Health Choice Arizona has integrated care managers available to assist members who are seeking behavioral health and substance abuse treatment options. You can refer them through Steward Health Choice website by sending a case management referral form to [HCH.CaseManagementReferral@steward.org](mailto:HCH.CaseManagementReferral@steward.org) or fax directly to 480-317-3358. You can also encourage members to contact Member Services directly at #1800-322-8670 to request a care manager.

We also have an online resource tool through our Steward Community Connection website to help Members and Providers search for low or no cost programs in their area. An easy and convenient way to get the assistance you need.

There is a link available to the Steward Community Connection directly from within your Provider Portal!

[www.stewardcommunityconnection.org](http://www.stewardcommunityconnection.org)

You can also find additional information about prevention and treatment through the Governor's Office website at [www.substanceabuse.az.gov/substance-abuse/arizona-substance-abuse-partnership](http://www.substanceabuse.az.gov/substance-abuse/arizona-substance-abuse-partnership)

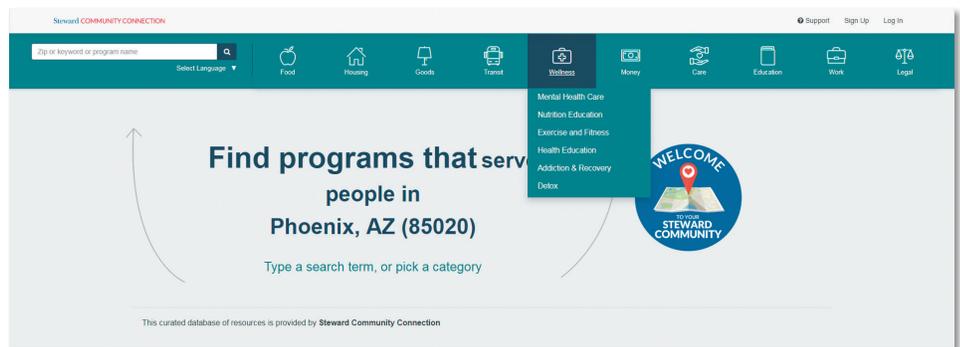
**Southwest Behavioral Health Services in Kingman, AZ**  
928-263-6515 • 1301 W. Beale Street, Kingman, 86401

**West Yavapai Guidance Clinic, Prescott Valley, AZ**  
928-445-5211 • 8644 E. Eastridge Drive, Prescott Valley, 86314

**Community Medical Services, Phoenix, AZ**  
602-866-9378 • 2301 W. Northern Ave., Phoenix 85021

**Community Bridges, East Valley Addiction Recovery Center, Mesa, AZ**  
480-461-1711 • 560 S. Bellview, Mesa 85204

**CODAC Health, Recovery and Wellness, Tucson, AZ**  
520-202-1786 • 380 E. Ft. Lowell Rd., Tucson 85705



## Oral Health Billing

Health plans are scored by the state of Arizona on a variety of metrics using a minimum performance scale. Providers are also scored on a variety of metrics. Sources for this rating include independent reviews and surveys and also preventive measures.

Below is the AHCCCS Performance Metric used to determine scores:

METRIC AND DESCRIPTION			
Dental Visits	Ages: 2-20	Frequency: Every Year	
Periodic oral evaluation (once every 6 months)			D0120
Oral evaluation <3 years of age			D0145
Comprehensive Oral Evaluation (new patient/has not been seen by this provider for at least 3 years)			D0150
Fluoride Varnish	D1206	Ages: 2-20	Frequency: Once per 6 months
Dental Sealants	D1351	Ages: 5-15	Frequency: one D1351 per tooth per 36 months
Tooth numbers include: 2, 3, 14, 15, 18, 19, 30, and 31.			
Only when no decay or restoration is present on any surface of the tooth.			

Steward Health Choice is here to assist in getting our members preventive appointment scheduled. When our records note a gap in care our Member Outreach Team contacts the members to provide dental health education and assist in making appointments. Should you have members fail to show for scheduled appointments, preventive or treatment, please fax the Steward Health Choice Missed Appointment log to 480-350-2217 and our team will take it from there!



## EPSDT Reminders

### Your Role in Preventative Care

Please work with us to ensure each of your empaneled pediatric patients receive their well-child visit. The well-child visit serves to assist in the early identification of children with developmental delays, autism spectrum disorder, BH disorders, hearing, dental, vision, and nutritional deficits.

Our goal is to collectively provide access to preventative care and the coordination of integrated care services for at risk and high risk children.

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

The CM form can be found at the following link: [www.stewardhealthchoiceaz.com/wp-content/uploads/mdocs/Pediatric-NICU-Case-Management-Referral-Form.pdf](http://www.stewardhealthchoiceaz.com/wp-content/uploads/mdocs/Pediatric-NICU-Case-Management-Referral-Form.pdf)

### EPSDT Tracking Forms:

Keep sending us your tracking forms for your Well Child Visits! Please submit EPSDT Tracking forms and EHR's directly to the EPSDT department, either by email or fax. It is not necessary to attach tracking forms to claims submissions.

Email: [HCH.EPSDTCHEC@steward.org](mailto:HCH.EPSDTCHEC@steward.org)

Fax: (480) 760-4716

### Verbal and Blood Lead Screening

Blood lead screening is now required for all children in Arizona at 12 and 24 months of age. Children ages 36 to 72 months should be tested if they have not been previously tested. In addition, please make verbal lead screening a part of your normal well child checks.

### BMI Screening and Education

A BMI Screening is required at well child checks. We at Steward Health Choice are supporting our pediatric members who may be overweight or underweight. We identified families who are not sure what their child's high or low BMI means or whether they should be concerned. We need your assistance in reviewing this score with your families and helping them understand how they can help their child be as healthy as possible.

### Immunizations:

Vaccines are important for your patients! Be sure they are aware serious disease is still out there and adhering to an immunization schedule provides the best protection. Please work with us to keep your patients on schedule and report immunizations to ASIIS.

## Maternal Reminders

### Postpartum Visit

You can be paid separately from the OB package for your postpartum follow up with a member. Please schedule members for their postpartum visits on or between 21 to 56 days after delivery. You can submit a claim for this visit. Please contact your Provider Performance Representative with questions.

### Family Planning - Long Acting Reversible Contraception (LARC)

Steward 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.

### Syphilis Outbreak continues in Arizona!

Please increase your member screenings. Steward Health Choice Arizona covers all member screenings. Members are not required to be on the list of recommended populations to have their screening covered. Codes are: 86592, 86593, 86780, 87166.

Current recommendations include:

1. All pregnant women at first prenatal visit, early in the third trimester, and at delivery, regardless of risk
2. Opt-out screening in both men and women who use hard drugs
3. Sexually active men who have sex with men, testing annually and every 3-6 months if at increased risk
4. Sexually active, persons with HIV, testing at least annually and every 3-6 months if at increased risk

Please help us support our population during this outbreak by performing screenings. ■

## 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.

### Steward Health Choice Arizona:

[www.stewardhealthchoiceaz.com/](http://www.stewardhealthchoiceaz.com/)

### Steward Health Choice Generations:

[www.stewardhcgenerations.org/az/](http://www.stewardhcgenerations.org/az/)

Visit us online for provider specific resources!

- Provider Portal Access
- Provider Manual(s)
- Prior Authorization
- Provider Notices/Announcements
- Provider Newsletters

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

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

[www.stewardhealthchoiceproviders.org/ProviderPortal/Login/](http://www.stewardhealthchoiceproviders.org/ProviderPortal/Login/)

To help you and your staff stay informed and help address any questions about Steward Health Choice, we have established the following support services:

- Provider Services call center
  - 1-800-322-8670
  - Open Monday-Friday 6:00 AM-6:00 PM

Members can also access additional resources by visiting us online

- Health plan benefits
- Providers in network
- FAQs
- Programs and information about Steward Health Choice ■



# We Heard You & We're Here to Help!

Steward Health Choice Arizona brings the expertise and road maps necessary to understand, participate in and maximize the value of the sweeping changes affecting the delivery of health care.

We offer real-time tools, technology and up-to-date information to our physicians and providers. We will assist and offer guidance to physicians and hospitals for the purpose of building partnerships, patient-centered medical homes and other entities that will maximize quality and reward performance.

## How We Assist Your Practice

The Steward 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.

We work closely with your team to streamline and expedite prior authorization by minimizing the number of procedures requiring prior authorization. Many of the items on our abbreviated prior authorization list ask for notification only.

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 – Chronic Kidney Disease

ICD-10 classifies CKD based on severity by designated stages 1-5.

- CKD 1 slightly increased \*GFR >90
- CKD 2 equates to mild \*GFR 60-90
- CKD 3 equates to moderate \*GFR 30-59

- CKD 4 equates to severe \*GFR 15-29
- CKD 5 equates to severe \*GFR < 15 not requiring dialysis

ESRD, end stage renal disease, is the last stage where the kidneys can no longer function and the patient will not survive without dialysis or transplantation. Patients who have undergone a kidney transplant may still have some form of chronic kidney disease because the kidney transplant may not have fully restored the kidney function.

Patients with CKD may also suffer from other serious conditions such as diabetes, hypertension, heart failure, systemic lupus and obstructive uropathy. In many cases there are combination codes to accurately reflect these associations.

### Example:

Type II diabetes with hypertension and end stage renal disease.

- E11.22, N18.6, I12.0, Z99.2

\*GFR (glomerular filtration rate)

- N18.1 CKD Stage 1
- N18.2 CKD Stage 2
- **N18.3** CKD Stage 3
- **N18.4** CKD Stage 4
- **N18.5** CKD Stage 5
- **N18.6** CKD Stage 6 or End Stage Renal Disease
- N18.9 CKD Unspecified

- ◆ CKD 5 requiring dialysis should code to **N18.6**
- ◆ Use an additional code to identify dialysis status (**Z99.2**)
- ◆ Use additional code to identify kidney transplant status (Z94.0)

- ◆ A surgically created AV fistula for dialysis (**Z99.2**)

CKD with hypertension has combination codes to use in conjunction with CKD diagnosis:

- **I12.0** CKD stages 5 or 6 with hypertension
  - I12.9 CKD stages 1-4 with hypertension
- CKD with diabetes has combination codes to use in conjunction with CKD diagnosis:
- **E10.22** CKD with type I diabetes
  - **E11.22** CKD with type II diabetes
  - **E13.22** CKD with other specified diabetes

**Note:** Bolded codes fall into the risk adjustment model

### Contact Us:

Steward 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. ■

## Has any of your information changed?

We like to keep our records up to date! You can submit updates through your provider portal, under, Provider Demographic Summary link or contact your Network Provider Performance Representative if you have changes to your roster, address, and fax or phone number. ■



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