

PROVIDER NEWSLETTER

JUNE 2019



What's New!

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.

Provider Portal Features and Coming Attractions

Steward Health Choice is streamlining your access to important information! We have continued to make upgrades to our physical health provider portal for our Steward Health Choice Arizona and Steward Health Choice Generations-AZ lines of business.

Enhancements that give YOU, the provider, greater control and more immediate acknowledgement and response times.

Stay on the lookout for more enhanced features to come!

Updates include:

- Added capability for Provider Demographic Summary. Submit PDM requests to add new/terminate providers or locations.
- More information about the status of claims (vision and dental history)
- Improved access to provider rosters and paneled member information (quality reporting)
- Improved training information for providers and their staff

Easy to follow portal training video(s) and Provider Education are available under the 'Provider' section of our websites, by clicking 'Provider Education'. ■



Did You Know?

Fraud Alert - Genetic Testing

Senior Medicare Patrols (SMPs) empower and assist Medicare beneficiaries, their families, and caregivers to prevent, detect, and report health care fraud, errors, and abuse through outreach, counseling, and education. SMPs are grant-funded projects of the federal U.S. Department of Health and Human Services (HHS), U.S. Administration for Community Living (ACL).

The Centers for Medicare & Medicaid Services (CMS) has received inquiries and complaints from Medicare beneficiaries who have been billed for Genetic Testing or Cancer Screening performed at community events and senior centers.

Representatives of genetic testing companies, including insurance agents representing these companies, attend healthcare events at senior centers and housing complexes offering to perform these screenings and tests.

SMPs and Steward Health Choice want your help to remind our members of the following:

- Do not give out your Medicare ID number, Steward Health Choice Generations ID number or Social Security number. Be cautious of unsolicited requests for your personal ID numbers. If your personal information is compromised, it may be used in other fraud schemes.
- Do not consent to any lab tests at senior centers, health fairs, or in your home. Be

wary of claims that genetic tests and cancer screenings will be at no cost to you.

- All diagnostic x-ray tests, diagnostic laboratory tests, and other diagnostic tests must be ordered by the physician who is treating the beneficiary, that is, the physician who furnishes a consultation or treats a beneficiary for a specific medical problem and who uses the results in the management of the beneficiary's specific medical problem. *Tests not ordered by the physician who is treating the beneficiary are not reasonable and necessary.*

Genetic tests and cancer screenings must be:

- (a) medical necessary and
- (b) ordered by a doctor to be covered



HEALTH | CHOICE

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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).

Healthy Weight, Health Members

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 provid-

ers is crucial to helping our SMI members get the care they need. This month we are focusing on **maintaining a healthy weight**. Targeted members are those diagnosed with obesity or being underweight, identified through Health Risk Assessments as having a BMI greater than 30 or less than 18.5.

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

- **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 maintain a healthy weight.
- **Develop a plan:** Discuss members' weight concerns and develop a plan to help them achieve a healthier weight. Encourage them to seek medical guidance from their doctor before embarking on a weight loss/gain program.
- **Encourage regular exercise.** If a member is overweight, share with members

that there are many medical issues such as diabetes, hypertension, and hyperlipidemia related to excess weight. Recommend that they do what is easy for them and what they enjoy. Start simple and build up by adding 5-10 minutes of activity each week. If a member is underweight, encourage them to develop a safe and milder exercise plan with their doctor.

- **Talk about food:** Have a nonjudgmental conversation about food with members. Ask what their favorite foods are and how they prepare their food. Congratulate them on nutritious food choices and suggest they reduce (not remove) less healthy eating options.
- **Talk about stress and depression:** Ask the member about their stress level and whether they are having frequent depressive episodes. High stress and depression can lead to disordered eating patterns that can become more serious and lead to unwanted weight gain or loss.

Eating disorders: Evaluate members with SMI for potential eating disorders, as appropriate. Guide members to appropriate resources and refer them to a specialist for managing these conditions if outside of your scope of practice. ■

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QMB Only, QMB Dual and Non-QMB Dual Member Copays

The Steward Health Choice Arizona Provider Manual includes the following detail regarding copays for QMB Only, QMB Dual Members and Non-QMB Dual Members.

QMB Only – Steward Health Choice Arizona can reimburse the provider for the Medicare deductible, coinsurance, and copay.

QMB Dual –Per A.A.C. R9-29-302:

1. Steward Health Choice Arizona will pay the following costs for FFS members when the services are received from an SHCA contracted provider *and* the service is covered:
 - a) By Medicare only, then AHCCCS pays only the Medicare deductible/coinsurance/copay;
 - b) By Medicaid only, then AHCCCS pays the FFS rate; or

- c) By both Medicare and Medicaid, then AHCCCS pays the Medicare deductible/ coinsurance/copay.
2. When services are received from a non-registered provider and the service is covered, then AHCCCS does *not* pay the Medicare deductible/coinsurance/ copay.

Non-QMB Dual – Per A.A.C. R9-29-303:

1. AHCCCS will pay the following costs for FFS members when services are received from an AHCCCS registered provider *and* the service is covered:
 - a) By Medicare only, then AHCCCS shall *not* pay the Medicare deductible or coinsurance or copay;
 - b) By Medicaid only, then AHCCCS pays the FFS rate; or
 - c) By both Medicare and Medicaid, then AHCCCS pays the Medicare deductible, coinsurance or copay.

2. When services are received from a non-registered provider and the service is covered, then AHCCCS does *not* pay the Medicare deductible/coinsurance/ copay.

Submitting Medical Records

When a provider receives a request to produce medical/pharmacy records, Steward Health Choice providers must include the name and/ or department of the requestor in order to ensure the records are routed appropriately. Providers should include the member name, the member ID, the line-of-business, and reason for submission and claim number (if applicable). Records submitted without specifying the reason for submission along with the member ID information may not be routed to the intended recipient. Faxed records must be faxed directly to a specific person or department only after providers have verified the fax number and recipient. ■



Maternal and Child Health Corner

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

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
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. ■

Sleep Studies

In an effort to improve access to appropriate care, Steward Health Choice has contracted with providers who offer home sleep studies with Board Certified Sleep Study Physicians. This service is available through our prior authorization process for members who have a high risk of obstructive sleep apnea without co-morbid conditions that would compromise the accuracy of the home sleep study.

Laboratory sleep studies are available through our prior authorization process for members with co-morbid conditions related to cardiac, pulmonary, neuromuscular or complex sleep disorder conditions along with any condition that prohibits an accurate home sleep study. ■

Oral Health Billing

The application of fluoride varnish takes less time to apply than foam fluoride and contains a smaller quantity of fluoride compared to fluoride gels. This application is recommended every six months and is a covered benefit with Steward Health Choice Arizona when billed with the CDT code D1206.

Fluoride Varnish and Oral Health Screenings:

Fluoride Varnish is a requirement for our pediatric members 6 months through 2 years of age. This requirement may be billed separately from the EPSDT visit with code 99188(physician). Please remember to do an oral screening and apply fluoride varnish for our members. Healthy mouths improve kids' health!

Steward Health Choice Dental Benefits

Adult members have emergency dental benefits with a \$1,000/ year max and our Generation members have dental benefits with a \$2,500/year max. Approved services for these members can be found in the provider portal and do not require prior authorization. If you have any questions please contact the Dental Prior Authorization Department. We are here to answer any dental questions you may have. ■



We Heard You & We're Here to Help!

Tips & Tricks – CPT Category II Codes

Steward Health Choice is required by CMS and other regulatory bodies to report quality measure performance which often means we need to request medical records from providers. In order to reduce the number of requests we need make to provider offices, we are raising awareness of CPT Category II codes. While these codes are typically not reimbursable, these codes could help reduce the number of medical record requests received related to regulatory-required health plan quality reporting. More importantly, these codes allow the health plan to better support provider

management of their patients and ultimately result in improved health outcomes for patients.

CPT Category II codes can be easily included on claims submitted to Steward Health Choice in the procedure code field, just as CPT Category I codes are billed. CPT Category II codes describe clinical components usually included in evaluation and management or clinical services and are not associated with any relative value. Therefore, CPT Category II codes are billed with a \$0.00 billable charge amount. CPT Category II codes can relay important information related to health outcome measures such as:

- BMI
- Controlling blood pressure
- Comprehensive diabetes care
- Medication Reconciliation
- Prenatal and postpartum care

CPT Category II codes are released annually as part of the full CPT code set. The current listing of CPT Category II codes can be found on the AMA website at <https://www.ama-assn.org/practice-management/cpt/category-ii-codes>. The following table lists the HEDIS quality measure, indicator description, and the CPT Category II codes that are recognized in the HEDIS specifications for 2019 Provider Quality Reporting.

QUALITY MEASURE	INDICATOR DESCRIPTION	CPT CATEGORY II CODES
Adult BMI Assessment	This is a CPT II code that can be utilized for a zero dollar claim when filed in conjunction with BMI CD10 codes.	3008F
Controlling High Blood Pressure	Blood Pressure Readings	3074F, 3075F, 3077F, 3078F, 3079F, 3080F
Comprehensive Diabetes Care	HbA1c Results	3044F, 3045F, 3046F
	Retinal Eye Exam	2022F, 2024F, 2026F, 2072F
	Nephropathy Screening	3060F, 3061F, 3062F, 3066F, 4010F
	Blood Pressure Control	3074F, 3075F, 3077F, 3078F, 3079F, 3080F
Medication Reconciliation after Discharge	Medication Reconciliation	1111F
Prenatal and Postpartum Care	Prenatal Visit	0500F, 0501F
	Postpartum Visit	0503F

CATEGORY II CODE	DESCRIPTION
0500F	Initial prenatal care visit
0501F	Prenatal flow sheet documented in medical record by first prenatal visit
0503F	Postpartum care visit
1111F	Discharge medications reconciled with the current medication list in outpatient medical record
2022F	Dilated retinal eye exam interpreted by ophthalmologist/ optometrist documented/reviewed
2024F	Seven (7) standard field stereoscopic photos with interpretation by an ophthalmologist or optometrist documented and reviewed.
2026F	Eye Imaging validated to match diagnosis from seven (7) standard field stereoscopic photos results documented and reviewed.
3008F	BMI documented
3044F	Most recent hemoglobin A1c (HbA1c) level < 7.0%
3045F	Most recent hemoglobin A1c (HbA1c) level 7.0% to 9.0%
3046F	Most recent hemoglobin A1c (HbA1c) level > 9.0%
3060F	Positive microalbuminuria test result documented and reviewed
3061F	Negative microalbuminuria test result documented and reviewed
3062F	Positive macroalbuminuria test result documented and reviewed
3066F	Documentation of treatment for nephropathy (e.g. patient receiving dialysis, patient being treated for ESRD, CRF, ARF or renal insufficiency, any visit to a nephrologist)
3072F	Low risk for retinopathy (no evidence of retinopathy in the prior year)

CATEGORY II CODE	DESCRIPTION
3074F	Most recent systolic blood pressure < 130 mm Hg
3075F	Most recent systolic blood pressure 130 to 139 mm Hg
3077F	Most recent systolic blood pressure 140 mm Hg
3078F	Most recent diastolic blood pressure < 80 mm Hg
3079F	Most recent diastolic blood pressure 80 – 89 mm Hg
3080F	Most recent diastolic blood pressure 90 mm Hg
4010F	Angiotensin converting enzyme (ACE) inhibitor or Angiotensin receptor blocker (ARB) therapy prescribed or currently being taken

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.

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/

Steward Health Choice Generations:
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/

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 ■

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. ■

