

What's New!

Star Light, Star Bright – Reaching for the Stars

What are Stars Measures: The Centers for Medicare & Medicaid Services (CMS) developed its Star Rating system to give Medicare beneficiaries an objective measure of a health plan's performance. The rating system gives people a way to consider quality as well as cost as they make their enrollment decisions. Medicare evaluates health plans every year and scores them on a scale of 1 to 5 Stars, with 5 Stars indicating the highest performance. Star Ratings are very important to Steward Health Choice Generations and our Providers play a critical role in achieving higher ratings, across all measures.

This month's highlighted measure:

Medication Reconciliation Post-Discharge

How to perform well on this measure:

When a patient is discharged from the hospital, it is extremely important that their newly prescribed medications are reconciled with the medications they were taking before going into the hospital. This may happen inpatient before the patient leaves the hospital or it may take place in your office at a post-discharge follow-up appointment. For this measure, CMS looks for the percentage of inpatient discharges for which the member's medications were reconciled by a prescribing practitioner, pharmacist, or RN within 30 days.

How to document medication reconciliation:

The best way to document that you reconciled a patient's medications is to see the patient for a post-discharge follow-up appoint-

ment in which you reconcile the patient's medications, document the reconciliation in the patient's medical record, and include a clinically appropriate medication reconciliation code on the claim for that appointment. The codes that qualify for the measure are:

- 99495 (CPT; reimbursable)
- 99496 (CPT; reimbursable)
- 1111F (CPT-II)

If you would like more information on how to improve your performance on quality measures, reach out to a Steward Health Choice Performance Improvement Coordinator at HCHPerformanceImprovement@Steward.org.

Pain Management and Care Improvement Program Launching Fall 2019

Resources and Tools to Support Effective Pain Management

Steward Health Choice Arizona is partnering with axialHealthcare to launch a Pain Medication and Care Improvement Program to providers this coming Fall. The program aims to support providers in offering safe pain management while minimizing opioid misuse and dependence.

The solutions available to you include the delivery of patient-level intelligence around opioid risk and direct access to expert clinical decision support. Providers can determine their preferred method of patient intelligence delivery to include secure email, eFax, or direct messaging to an EHR.

Additional program details, including access instructions, will be shared in advance of the program launch. If you have any questions in the meantime, contact axialHealthcare's clinical care team at 615-475-5055 or providersupport@axialhealthcare.com.

Steward Health Choice Arizona Prior Authorization Revisions

At Steward Health Choice Arizona we are committed to providing members with access to quality, medically appropriate services. As part of this commitment, we regularly review our prior authorization criteria to identify services that can be removed from the prior authorization (PA) list or services that may need to be added. Below you will find a listing of those services.

Beginning November 23, 2019 the following codes will require prior authorization:

- Cardiac CPT codes – 93228, 93229, 93268, 93270, 93271, 93272

Effective October 1, 2019:

- Podiatry and Bariatric consult and follow up visits no longer require PA
- Chiropractic Services for members under 21 no longer require PA
- All DME supplies should go through Preferred Home Care
- Home Infusion Services-Refer to Coram Specialty Infusion Services
- All Labs should go to Labcorp

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Have you completed 2019 SHCG Annual Model of Care Training?

Steward Health Choice Generation's 2019 Annual MOC training is available online!

Visit: www.stewardhcgenerations.org/az

Click the drop down for "Providers" and select "Provider Education" to access the on-line video.

Chrome Web browser is optimal for this training

- Special Needs Plan (SNP) Model of Care (MOC) training is required initially and annually by the Centers for Medicare & Medicaid Services (CMS) for care providers who treat members in SNPs.
- A SNP is a type of Medicare Advantage plan that provides targeted care, improved care coordination and continuity of care to members with special needs.
- You are considered to be a SNP care provider if you treat members who are enrolled in a SNP, even if you treat just one SNP member.
- One clinical or non-clinical staff member of each practice, clinic or medical group may take the training and communicate the information within the practice.

Thank you for being a valued provider to our Steward Health Choice Generations members.

Q4 All Provider Forum

Steward Health Choice is working hard to streamline 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.

Come join us **Wednesday December 04, 2019 11:30am - 1:00pm**

You can participate by joining us online: From your PC, Mac, Linux, iOS or Android: <https://zoom.us/j/3787608411> **AND** By calling: (669) 900-6833 or (646) 876-9923 Meeting ID #: 378 760 8411

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

Compliance – It's Everyone's Business

Key Privacy Safeguards for Protected Health Information (PHI)

What Information Needs to be Safeguarded?

Any information that:

- 1) identifies the patient, and
- 2) is about his/her past, present, or future; physical, mental health, or condition; treatment or payment for treatment.

Remember: Protected Health Information (PHI) can be in any form including electronic, paper, or verbal.

Examples of How to Protect PHI:

VERBAL EXCHANGES

- Never discuss patient information in public areas, such as elevators and cafeterias.
- Use a low voice when discussing PHI in patient care areas where others may overhear.

TELEPHONE

- Verify the identity of the individual calling, i.e., asking for date of birth, address, or last four digits of their social security number.
- If the caller is not the patient, verify guardianship or that written patient permission to speak to that person is on file.
- Never leave PHI on a telephone answering machine or voicemail without prior written permission from the patient.
- CELL PHONES: Do not send images or videos via text that may contain electronic confidential information.

MAIL

- Double check the accuracy of envelope contents and addresses for recipient prior to sending.

DISPOSAL

- Always dispose of paper or electronic PHI securely.
- Use locked confidential disposal bins or shredders for disposal of paper documents containing PHI.
- Electronic PHI must be deleted in its entirety (e.g., if you delete an email, also delete it from your trash folder).

PAPER

- Never leave paper PHI unattended in areas where patients, visitors, or the public may be.

HOT TOPIC: Patient Labels

Patient labels are any label that ID a patient, such as pharmacy labels, IV bags, ID bracelets, etc.

Before disposing of any materials containing patient labels, ensure they are either:

- 1) shredded, if suitable, or
- 2) de-identified.

Appropriate methods for removing/obliterating patient identifiers (e.g., patient's name, date of birth, and account number) include:

- Completely blacking out patient identifiers (ensuring patient identifiers cannot be seen).
- Covering the patient identifiers with a white label or other similar permanent (i.e., cannot be removed) covering such as opaque tape.
- Removing labels with identifiers before placing the IV bag or other medically related materials in the trash and placing the label in a locked confidential disposal bin.
- ID bracelets that cannot be shredded should be placed in a locked confidential bin. If one is not available, bracelets must be cut so that patient identifiers are obliterated, or use the methods listed above before placing in a regular trash receptacle. ■



Did You Know?

In-Home Non-Skilled Nursing Services Electronic Visit Verification (EVV)

Beginning in 2020 and in response to a federal mandate known as the 21st Century Cures Act, AHCCCS will require providers of in-home non-skilled and skilled nursing services to use Electronic Visit Verification (EVV). EVV is an electronic-based system that verifies when provider visits occur and documents the precise time services begin and end and the location of service delivery. AHCCCS is using EVV to make sure that members get the services that they need when they need them.

Be Engaged and Stay Informed!

Information and updates about EVV are available on the AHCCCS website (www.azahcccs.gov/EVV). Please sign up for any and all EVV communications and notices under the Stay Informed tab.

We look forward to working with you on a successful EVV program. If you have questions about EVV or the survey, please contact AHCCCS via email at EVV@azahcccs.gov.

November is National Diabetes Month

According to the CDC, Thirty Million Americans have diabetes and one in three people will develop diabetes in their lifetime. As the nation sheds light on diabetes, we want to bring a local focus to the month. November is a great time to work gaps in care and identify which patients still need their HbA1c test and to schedule those patients. It's also a great time to clean up old diagnoses, where the patient may have previously been tested for diabetes, but does not actually have it. ■

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).

REMINDER H0043 Supported Housing

Effective 10/1/19 Steward will not reimburse claims for H0043

This is an allowable service code for non-title XIX SMI members however it can only be paid if funding is available. For the last two years the non-title XIX SMI funds have been depleted and not all services have been funded.

Behavioral Health Crisis Services Reminder

Please make sure the crisis indicated is utilized on all crisis claims including H2011, S9484 & S9485.

Substance Abuse Treatment Reporting Requirements

Arizona Revised Statute §36-109 requires that each quarter, each hospital, health care facility and outpatient substance abuse treatment providers that provide substance abuse treatment submit to the Department the following information.

For the quarter ending September 30, 2019, please use the below Survey Monkey

link and complete the survey no later than November 15:

www.surveymonkey.com/r/8CGLF2M

- Name and address of the hospital or health care facility,
- The type of hospital or health care facility
- The number of available substance abuse treatment beds
- The number of days in the quarter that the hospital or health care facility was at capacity and not able to accept referrals for substance abuse treatment

The information you submit is important to assessing Arizona's progress in meeting the treatment needs of people throughout the state. The information is analyzed and compiled into a quarterly report that is provided to the Governor, the Presidents of the Arizona House and Senate, and the Arizona Secretary of State's Office. The quarterly reports are also posted on the ADHS opioid website at <https://azhealth.gov/opioid> under the reporting tab.

If you have any questions or comments, please e-mail azopioid@azdhs.gov ■

We Heard You & We're Here to Help!

Provider Portal

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.

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 – Hierarchical Condition Category (HCC) Coding

The Annual Wellness Visit (AWV) VS. Physical Exam

The annual wellness visit (AWV) and the physical exam (PE), both yearly services may be performed on the same day or not, providing all elements are met and documented. The following comparison chart will help define the elements and sort the differences.

Annual Wellness Visit (HCPCS: G0438 & G0439)

Brief History

- Medical
- Family History

Vitals

- Blood Pressure
- Height
- Weight
- BMI (body mass index)

Screenings

- Functional Status
- Pain
- Medication Review
- Advance Directives
- Fall Risk/Safety
- Cognitive Impairment
- Depression

Annual Physical Exam (CPT 99385-99397)

Comprehensive History

- Medical
- Family
- Social

Vitals

Comprehensive Exam

- General Appearance
- Heart
- Lung
- Head and Neck

- Abdominal
- Neurological
- Dermatological
- Extremities

Orders

- Immunizations
- Laboratory/Diagnostic

- Any qualified physician, nurse practitioner or physician assistant may perform these services
- A preventative care examination and an E/M level service may be billed together with modifier 25 (Documentation must clearly document each separate service)
- The annual wellness visit (AWV) includes Personalized Prevention Plan Services (PPPS)
- G0402: Welcome to Medicare exam within the first 12 months of the effective date of Medicare Part B coverage and covered only once per lifetime
- G0438: AWV is for the initial visit and covered only once in a member's lifetime
- G0439: AWV is for all subsequent visits
- The AWV is a non co-pay/deductible benefit
- These annual services serve as an opportunity to capture chronic conditions each year

Our incentive program for 2019 was based on completed Annual Wellness Visits. We thank you for your participation this year. We had many challenges and together we accomplished much. Please know we will continue this program on into 2020 and look forward to our continued partnership to ensure our patients receive the highest level of care.

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.

Tips for completing the Medical Services Prior Authorization Form

What should I include?

- Form must be completely filled out.

Often forgotten sections:

- Ordering providers fax numbers and phone numbers,
- NPI#s,
- TIN#s,
- CPT/HCPC,
- Diagnosis codes

What constitutes an Expedited request?

- Processing within a standard timeframe would jeopardize the life or health of the member and impact ability to regain maximum function.
- Processing within a standard timeframe would cause a barrier to transition of care.
- In order to be considered an expedited request, the PA form MUST be signed by the ordering provider. ■

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! 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 6:00AM-6:00PM

Provider Portal: 480-760-4651 ■

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 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:

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)

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.

OB Care Management

Did you know Steward 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: www.stewardhealthchoiceaz.com/providers/forms/ to (480) 317-3358 or email the form to HCH. HCACaseManagement@steward.org. ■

Oral Health Billing

Did you know one of the main reasons people avoid the dentist is due to fear? When adults have a fear of the dentist not only will they avoid the dentist for themselves but also avoid taking their children. How do we help the member become comfortable in the dental office? What are simple things that can be done to help overcome dental fear?

Listen to the patient. By listening, we validate their concerns, understand their expectations, make a good first impression, and it lets them know that we do care about them and their oral health.

When asked questions, take the time to answer them. This is an opportunity to provide dental ed-

ucation to the member. Being open to discussion of questions and answers helps the member understand the importance of the dental treatment needed and how decay can be prevented. When we ignore a question a patient has asked it gives an impression of not caring.

With listening to a patients concerns, answering all questions, and providing oral health education we can create a comfortable experience in the dental office and open the opportunity for the patient to return for continued oral health care through annual dental visits. This is especially true for the parents of our young patients. Moms and dads need to know they are able to trust you have their child's best interest in mind. ■



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