



What's New!

Star Light, Star Bright – Reaching for the Stars

The Centers for Medicare & Medicaid Services (CMS) contracts with Steward Health Choice to offer a Medicare Advantage Dual-Eligible Special Needs Plan (D-SNP) in specific counties within Arizona. CMS measures the performance of that arrangement utilizing the Star Rating System. Star Ratings measure the overall quality and performance of Medicare Advantage. Plans are rated on a scale of one to five stars, with five representing the highest score a plan can receive. The Star Rating System benefits both providers and patients by improving physician and patient relations and customer satisfaction.

The system helps improve the quality of care and general health status for Medicare members.

It is our goal to work with our provider community to improve the following measures that you have the ability to impact most:

- Preventive medicine/early detection - Breast cancer screening; Colorectal cancer screening; Flu vaccine; BMI assessment; Osteoporosis management
- Chronic condition management - Diabetes care – eye exam, monitoring kidney disease, controlling blood sugar; Rheumatoid arthritis management; Statin therapy for patients with cardiovascular disease

or diabetes; Managing readmissions

- Patient safety - Diabetes medication adherence; Hypertension medication adherence; Cholesterol medication adherence; Medication reconciliation post-discharge
- Health Outcome Surveys - Improving and maintaining physical and mental health and monitoring physical activity; Improving bladder control; Fall prevention
- Consumer Assessment of Healthcare Providers and Systems (CAHPS) - Obtaining needed care; e.g., getting appointments to see a specialist, getting needed care; Getting appointments and care quickly; Care coordination; e.g., records and reports needed for patient care, prompt test results

As a provider, you can impact all aspects of the program (especially quality of care, access to care, consumer experience, and satisfaction) by:

- Encouraging patients to obtain preventive screenings
- Identifying barriers to care
- Creating a workflow to identify noncompliant patients at appointments and using Steward Health Choice resources to detect gaps in care
- Submitting complete and correct claims with appropriate codes; e.g., using ICD-10 codes to submit a body mass index (BMI) measurement
- Talking to your patients about physical activity, physical and mental health, their medication utilization, and chronic con-

dition maintenance

- Identifying opportunities for you and your office to affect patient experience and satisfaction; e.g., getting your patients in for appointments as quickly as possible, reviewing test results with your patients, and coordinating care with other providers

All Steward Health Choice members benefit from the safeguards established by Federal and State Guidelines regarding medical record standards. Steward Health Choice strives to provide the best quality of care to our members and expects all providers who service our members to adhere to stringent Federal and State standards regarding documentation, confidentiality, maintenance and release of medical records, as well as personal health information (PHI). The Steward Health Choice Provider Manual describes the medical record standards required for contracted providers. All providers must follow these standards and cooperate with Steward Health Choice in activities related to quality assurance monitoring of medical records. Meeting these requirements applies to both electronic and paper medical records.

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

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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 online 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.

Provider Satisfaction – Keep Talking, We’re Listening!

Our goal is to be #1 in provider satisfaction!

At Steward 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. Throughout the year and in the near future, your office will receive a request to participate in a provider survey from DSS Research (an independent firm).

There may be some questions within the survey that you feel could be better answered by someone else within your office. Because of this, we encourage the whole staff in your practice to be involved in completing this important survey. Results of the survey are reviewed by our senior management team.

In a recent survey, **Steward Health Choice scored #1** in 3 of the 6 questions answered by our providers. We are working hard together with our provider partners to be #1 for ALL 6 questions. Keep talking, we're listening! Thank you in advance for your time and valuable feedback.

Compliance – It's Everyone's Business

Key Points to Consider When Disclosing Protected Health Information (PHI) to Family, Friends, & Others Involved in a Patient's Care:

- Health care providers may disclose PHI to a patient's family member or close friend who is involved in the patient's care or payment for care, if the health-care provider:
 - Obtains the patient's agreement, OR
 - Gives the patient an opportunity to object and the patient does not do so, OR
 - Reasonably infers, using professional judgment, that the patient does not object.
- **BEFORE** disclosing PHI to someone involved in a patient's care/payment:
 - Confirm the patient agrees, OR
 - Ensure the patient was given an opportunity to object and does not.
 - If the patient is not present or incapacitated, determine whether it is in the patient's best interest to disclose PHI to the individual.

- **WHEN** disclosing PHI to someone involved in a patient's care/payment:

- Ensure you are providing only the minimum necessary information that is relevant to the individual. **Example:** Do not discuss a past medical problem that is unrelated to the patient's current condition.
- Never disclose PHI if the patient has expressed an objection. **Example:** Do not disclose PHI if a patient has previously objected to disclosing information to a specific individual, such as a family member or friend.

Test Your Knowledge

Q: A clinician receives a patient's test results. When the clinician meets with the patient, a family member known to the clinician is present. The patient has agreed to disclosures to this individual before; however, the clinician considers the results of the test as sensitive in nature. What should be the provider's next step?

A: Consider speaking with the patient privately to confirm, or re-confirm, agreement with disclosing the information with the other individual. This will depend on past discussions and the provider's judgment. ■





Did You Know?

October is Breast Cancer Awareness Month



Did you know that every 19 Seconds someone is diagnosed with breast cancer and every 74 Seconds someone in the world dies? These are not just statistics but mothers, daughters, sisters, and friends. The good news is that about 98% of women who detect and treat breast cancer early experienced positive results having at least a five-year relative survival rate and most of them living with no evidence of the cancer after treatment.

Help spread the word about self-check breast exams. Encourage your patients, friends and family to get a yearly mammogram and urge the need to complete a regular checkup once a year. Let's make a difference to fight against breast cancer! Early detection is our best protection!

2019-2020 Influenza Season

Are you Ready to fight Flu this Season 2019-2020?

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

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

Encourage members to get a Flu Vaccine! Getting a flu vaccine every year provides the best protection against flu.

Reminder - Home Infusion Services

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

Please refer requests for home infusion to Coram Specialty Infusion Services. Requests can be directed to Coram Specialty Infusion Services at:
Phone: (480) 240-3200
Fax: (480) 505-0455

Reminder - Paper Claim Submissions

All providers are recommended to submit claims/encounters electronically. Electronic billing ensures faster processing and pay-

ment of claims, eliminates the cost of sending paper claims, allows tracking of each claim/encounter sent, and minimizes clerical data entry errors.

We understand that at times you may need to submit a claim through the mail, here's some reminders to help us ensure your claim gets to the right place!

No Staple Required

As a reminder please do not staple documents or claims. If there is a document being submitted with the claim, the document should lay directly behind the claim.

Sending Documentation to a specific department?

Help us stay efficient so your mail gets routed to the correct department, please indicate which Department your mail should be directed to.

Steward Health Choice Arizona (AHCCCS)

Steward Health Choice Arizona
Payer ID# 62179
P.O. BOX 52033
Phoenix, AZ 85072-2033

Steward Health Choice Generations Arizona (Medicare Advantage)

Steward Health Choice Generations'
Payer ID# 62180
P.O. BOX 52033
Phoenix, AZ 85072-2033 ■



We Heard You & We're Here to Help!

Provider Portal Enhancements with YOU in mind

We have continued to make upgrades to our physical health provider portal for our Steward Health Choice Arizona and Steward Health Choice Generations lines of business. 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 heard you!

Stay on the lookout for more enhanced features to come! Updates include:

- The ability to submit Prior Authorizations directly from within your portal.
- Improved access to provider rosters and paneled member information (quality reporting)
- Enhanced data from the claim status tab for rejected claims
- Improved training information for providers and their staff

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. ■



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).

Connecting Members with Treatment for Opiate Use Disorders

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 (www.cdc.gov/drugoverdose/opioids/terms.html). 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 (www.cdc.gov/drugoverdose/opioids/prescribed.html), heroin (www.cdc.gov/drugoverdose/opioids/heroin.html), and synthetic opioids (like fentanyl (www.cdc.gov/drugoverdose/opioids/fentanyl.html)) 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 suspect-

ed opioid deaths and 20,541 suspected opioid overdoses. (www.adhs.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.

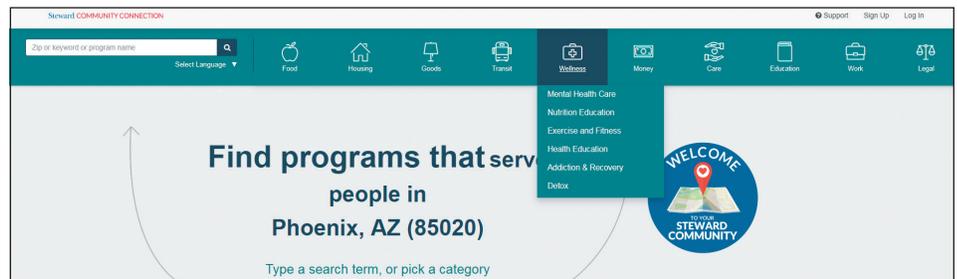
- Southwest Behavioral Health Services in Kingman, AZ
1301 W. Beale Street, Kingman, 86401
928-263-6515
- West Yavapai Guidance Clinic, Prescott Valley, AZ
8644 E. Eastridge Drive,
Prescott Valley, 86314
928-445-5211
- Community Medical Services, Phoenix, AZ
2301 W. Northern Ave., Phoenix 85021
602-866-9378
- Community Bridges, East Valley Addiction Recovery Center, Mesa, AZ
560 S. Bellview, Mesa 85204
480-461-1711
- CODAC Health, Recovery and Wellness, Tucson, AZ
380 E. Ft. Lowell Rd., Tucson 85705
520-202-1786

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 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.

Call Us: 1.800.322.8670 (TTY: 711)
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 ■



Oral Health Billing

Dental Prior Authorization Changes Effective 10.01.2019

The Oral Health Program has undergone some renovations. SHCA sent out a fax blast to all of our providers announcing the changes for Dental Prior Authorization starting on October 1, 2019. We are excited for this change in procedure and we hope you are too! The Dental Department team all have experience in working directly with patients in the dental office and we understand how important it is to be able to get a patient scheduled for any treatment sooner rather than later, or be able to see a member same day to accommodate their schedule. These prior authorization changes

are a win for our providers and our members. If you should have any questions please reach out to us 480-968-6866 ext. 6006.

Missed Dental Appointments

As we all know, life happens and time passes. Before we know it a member has missed or forgot to schedule their six month dental exam and cleaning. Please follow up with patients who are due or past due for their appointment and please be sure to educate the family of the health benefits they receive with regular checkups and cleanings. Educating our members will help encourage them to return on a regular basis. ■



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.

Email: HCH_PediatricsCM@steward.org

Fax: (480) 317-3358.

The CM form can be found at the following link:

www.stewardhealthchoiceaz.com/providers/forms/

EPSDT Tracking Forms:

Please keep sending us your tracking forms in a timely manner for your Well Child Visits! 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:

AHCCCS requires providers and contractors to comply with AMPM Policy 430, Attachment C: Procedures for the Coordination of Services under EPSDT and Early Intervention.

AHCCCS requires providers to send completed documentation to the Contractor's Prior Authorization Department for processing. Completed documentation includes the order for services with ICD 10 codes, description of the diagnosis, CPT code for the requested service, the signed AzEIP AHCCCS Member Service Request form, and the most recent encounter notes.

Steward Health Choice is asking AzEIP agencies and providers to:

- Review all AzEIP documentation and determine which services are medically necessary
- Complete AMSR and IFSP form

- Complete the order for services with ICD 10 diagnosis codes and their description
- Include information that supports individualized goals and family support services
- Submit the most recent progress notes from the EPSDT/Well Child Visit and documentation that shows medical necessity
- Return requested information to the Health Plan within two business days from the date of the request in order to ensure medically necessary services are initiated within 45 days of a completed Individual Family Service Plan (IFSP). This includes the signed AzEIP AHCCCS Member Service Request form (AMPM Policy 430, Attachment D).

Effective October 20, 2019 please submit to AzEIP AHCCCS Member Service Request and IFSP (Individual Family Service Plan) Forms to the update Fax number: (480) 760-4993

Pediatric Dental Preventative Visits

Dental cleanings every 6 months are a covered service for our members starting at 1 year of age and up to 21 years of age.

Did you know dental sealants are an important part of a child's oral health? Steward Health Choice covers sealants for our members up to 15 years of age.

Maternal Reminders

Makena

Makena (hydroxyprogesterone caproate) is a medication which is indicated to reduce the risk of preterm birth in women with a singleton pregnancy who have a history of singleton spontaneous preterm birth, and is a covered benefit of AHCCCS Medicaid. Unlike most physician administered drugs, under current AHCCCS policies, Makena is covered as a pharmacy benefit through the outpatient drug program, and require prior authorization for members to receive it.

A prior authorization can be submitted by using the standard Pharmacy Services Prior Authorization form available on the stewardhealthchoiceaz.com website (under Provider -> Prescription Drugs), through a link in your provider portal or electronically at steward.promptpa.com. Makena is available in two equivalent forms: a physician administered IM injection in a single dose vial, and a physician administered subcutaneous autoinjector. AHCCCS Medicaid has preferred coverage of brand name Makena only. Once prior authorization has been received, the medication can be acquired by sending a prescription to Steward Health Choice's specialty pharmacy Briova. Briova will then arrange shipment of the medication to the provider to administer.

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 HCHCaseManagement@steward.org. ■

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. ■



Tips & Tricks – EMR Documentation Errors

Hierarchical Condition Category (HCC) Coding - Wording Specifics

When it comes to HCC coding, there are instances where specific words must be included in the documentation in order to validate as an HCC. The absence of this requirement will make a difference in code selection and ultimately affect RAF. What may be apparent to the examiner and may seem to be a valid diagnosis, may not get reported properly unless the document specifically includes some imperative descriptors.

Some key descriptions are identified in bold italics, and unless they are part of the documentation, they will not map to an HCC.

- **Chronic** hepatitis, viral, B and C
- **Dependence** on drugs and alcohol, (use and abuse do not risk adjust)
- **Major** in the setting of depression *with severity*
- **Morbid** or **Severe** in obesity
- **Purpura** in discoloration of the skin
- **Alcoholic Addiction** even if in remission or now sober
- **Alcohol induced** or **chronic** pancreatitis
- **Ulcerative** colitis
- **Skin ulcer** (wound does not risk adjust)
- **Malnutrition** in underweight or weight loss
- **Exudative** macular degeneration
- **Chronic** bronchitis

Specific documentation and coding clearly identifies the severity level of disease and aids in the care of our chronically sick members.

Things to consider for precise documentation and coding

The Quick Pick List:

- While these may be efficient, they are not accurate
- They often contain unspecified or generalized codes
- Codes may be missing imperative words for specificity

The Superbill:

- Limits the code selections
- May be outdated if not updated annually
- Is not a good documentation source and is not considered part of the record

Past Medical History:

- As this states, these conditions are considered history
- To accurately code and bill, these conditions need to be brought into the body of the record and addressed at the time of service
- The tense also matters for correct documentation and coding. Be careful when using words such as “active” as in CVA when the patient is not “actively” having a stroke
- Words like “history of” often get used to describe current conditions which poses a conflict as well as a coding quandary

- Using words like “probable”, “suspected”, “apparent” or “questionable” cannot be used for definitive diagnosis HCC coding

Word choices make a difference in diagnosis coding and should be used to the highest level of specificity to accurately describe all conditions. All conditions should be assessed and reported at least one time per year. We appreciate your cooperation in delivering the highest level of care to our patients and also ensuring we document and report correctly all services.

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 Resource

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 6:00 AM-6:00 PM ■



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