

Essential Behavioral Health and Integrated Care Provider Communication Meeting

Agenda

Logistics

Time:	1:30PM – 3:00PM
Date:	Wednesday, December 12, 2018
Invitees:	BH and Integrated Care Provider Agencies
Teleconference Details:	https://goto.webcasts.com/starthere.jsp?ei=1224858&tp_key=fb910ccee
Meeting Purpose:	AZ Complete Health-Complete Care Plan Updates
Location:	Webcast
Questions:	Feel free to email questions and agenda items to jshipley@azcompletehealth.com
Next Meeting:	1/9/2019

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Administrative Updates:

Tiffany M. Booth (Director of Provider Development)

(Attachments 01-09)

68 – Network Notification of NonPar Provider – All Physicians, Medicaid, Joseph O. Bonneau

- Please be advised that Arizona Complete Health-Complete Care Plan is not contracted with Ascending Roots Behavioral Health Residential Facility (BHRF) located in Tucson, AZ. Referrals made to this facility for Arizona Complete Health-Complete Care Plan members will not be authorized by Arizona Complete Health and the member will not be entitled to payment as a covered service.

67 – Inpatient Professional Claims Payment Policy Update – All Physicians, Medicaid, Laura G. North

- We are updating our Medicaid payment policies for inpatient professional claims. Inpatient professional claims will deny if the inpatient stay was not medically necessary.
- In order to ensure that inpatient professional claims are paid, please verify that the services rendered meet the requirements for medical necessity. If you have any questions about this policy, please contact Provider Services at 866-796-0542

62 – Pre and Post 10/1/2018 Claim Submission Options – All Physicians, Medicaid, Laura G. North

- There are several different ways providers can submit claims to Arizona Complete Health-Complete Care Plan (AzCH-Complete Care Plan), such as (1) paper claims; (2) directly via Electronic Data Interchange (EDI); (3) through a clearinghouse; or (4) via our Secure Provider Portal.
- At this time, AzCH-Complete Care Plan is addressing two (2) specific technical issues related to the Secure Provider Portal:
 - To make security updates, we had to temporarily take down the Secure Provider Portal Claims functionality on Friday, 10/26/18. This impacted all providers submitting claims through the portal. The portal is back online for claims submission post 10/1/18. Paper claim, EDI and clearinghouse claim submissions are still functional for all providers.
 - Legacy Cenpatco Integrated Care (CIC) providers (providers formerly directly contracted with CIC) are no longer able to submit claims for dates of service prior to 10/1/18 using the Secure Provider Portal, <https://provider.azcompletehealth.com>. This issue is related to migrating technical systems from legacy CIC to Health Net Access systems; therefore, this does not impact legacy Health Net Access providers. This functionality may not be restored and our guidance is that all impacted legacy CIC providers utilize alternative means (paper, clearinghouse or EDI) for submitting pre 10/1 date of service claims.

70 – Secure Provider Portal Claims and Eligibility – Specialist Only, Medicaid, Laura G. North

- Data is now available on Arizona Complete Health-Complete Care Plan's (AzCH-Complete Care Plan) secure provider portal for legacy Cenpatco Integrated Care (C-IC) claims billed for dates of service (DOS) prior to October 1st, 2018. Instructions on viewing this information are detailed on pages 2-3 of this communication.
- Legacy CIC Providers must submit claims for dates of service prior to October 1st, 2018 via one of the following methodologies: 1) a third-party clearinghouse or 2) paper mail until full services to our secure provider portal is restored.

73 – Claims Denial Communications – Specialists Only, Medicaid, Laura G. North

- Eligibility, Enrollment & Covered Services
 - Arizona Complete Health-Complete Care Plan has noticed a significant increase in provider claims denying for lack of member eligibility/enrollment and lack of member benefit coverage. As a reminder, all providers should check member eligibility and benefit coverages prior to rendering services.
- National Drug Code Submissions
 - Arizona Complete Health-Complete Care Plan has noticed a significant increase in provider claims denying for missing or invalid National Drug Code (NDC). In accordance to the Federal Deficit Reduction Act of 2005, all claims containing procedure codes for physician-administered drugs in an outpatient clinical setting must be billed with an NDC. Providers receiving the following claim denial: EXN5–NDC Missing/Invalid should thoroughly review this communication as a means to prevent further denials.
- Provider Type / Category of Services Billing
 - Arizona Complete Health-Complete Care Plan has noticed a significant increase in provider claims denying for the servicing provider's Provider Type being invalid to bill for the procedure code(s). All Providers must ensure they are billing for services covered under their assigned specialty and category of service. Providers receiving the following claim denial: EX7V- Provider Type is invalid for this procedure, should thoroughly review this communication as a means to prevent further denials.
- Admission Dates and Discharge Hours
 - Arizona Complete Health-Complete Care Plan has noticed a significant increase in provider claims denying for Missing or Invalid admission dates or discharge hours. All institutional (UB04/837I) claims must include the date of admit and discharge hour (if applicable). Providers receiving the following claim denial: EX8a- Admit date or discharge hour missing/ invalid should thoroughly review this communication as a means to prevent further denials.

- Duplicate Claim Submissions
 - Arizona Complete Health-Complete Care Plan has noticed a significant increase in provider claims denying for duplicate claim submissions. All exact duplicate claims or claim lines are auto-denied (absent appropriate modifiers or corrected claim indicators). Suspect duplicate claims and claim lines are suspended and reviewed by the Medicaid contractors to make a determination to pay or deny the claim or claim line. Providers receiving the following claim denial: EX18 - Duplicate claim submission, should thoroughly review this communication as a means to prevent further denials.

Updates:

Leon Lead (Manager of Program Initiatives)

(Attachments 10-11)

Social Determinants of Health (Both)

- Native Health- Read It & Eat Program
- <https://www.youtube.com/watch?v=seiYB-qsX44>
- Heirloom Farmers Market Healthy Living Expo
- <https://www.youtube.com/watch?v=LNnqcaNyMHg>

Housing Services (Both)

- Provider Manual Changes-Housing Section
- Changes effective in January 2019 edition
- Housing Deliverable OI-206
 - Make 2 rows for the member, one for the prorated amount and other charges and one for the contract amount
 - The following month delete the row with the prorated amount and other charges leaving the row with the monthly contract rent
 - This will help eliminate reconciliations for prorated rent, deposits and other charges that might be left on the OI-206 the following month.

Employment Services (Both)

- Employment Deliverables

- OI-235 monthly deliverable should be submitted on updated FY19 template which was widely distributed starting in September 2018.
 - 20% returned for correction and 7% were submitted late
 - Only report AzCH member on the deliverables.
- OI-214 Quarterly deliverable is a requirement of all Health Homes, Specialty Providers and Peer Run Organizations providing employment services.
- Employment Technical Assistance Documents
- See attached-RSA/VR Referrals T/A Document Revised*
- See attached-Work Adjustment Training T/A Document Revised*
- Helpful Hints Training Aids have been widely shared for both OI-235 and OI-214 deliverables.

SDOH Resources (Both)

- Webinar: Advancing Health Care and Community-Based Organization Partnerships to Address Social Determinants: Lessons from the Field
 - <https://www.chcs.org/resource/advancing-health-care-and-community-based-organization-partnerships-to-address-social-determinants-lessons-from-the-field>
- Webinar: Addressing Social Determinants of Health: Connecting People with Complex Needs to Community Resources
 - <https://www.chcs.org/resource/addressing-social-determinants-of-health-connecting-people-with-complex-needs-to-community-resources/>
- U.S. Department of Veterans Affairs (VA) released Challenges and Strategies for Serving Unstably Housed Veterans in Rural Areas: Evidenced from the SSVF Program
 - https://content.govdelivery.com/attachments/USVHACENTER/2018/10/26/file_attachments/1096148/Byrne_ChallengesStrategiesServingUnstablyHousedRuralVeterans_Oct2018.pdf?utm_source=HUD+Exchange+Mailing+List&utm_campaign=4482fd3725-New-Resources-Addressing-Homelessness-11-2018&utm_medium=email&utm_term=0_f32b935a5f-4482fd3725-19354733
- Youth Homelessness in Rural America
 - https://www.chapinhall.org/wp-content/uploads/Youth-Homelessness-in-Rural-America.pdf?utm_source=HUD+Exchange+Mailing+List&utm_campaign=4482fd3725-New-Resources-Addressing-Homelessness-11-2018&utm_medium=email&utm_term=0_f32b935a5f-4482fd3725-19354733
- U.S. Department of Education: Final Report on Rural Education
 - <https://www2.ed.gov/about/inits/ed/rural/rural-education-report.pdf>

Debbie Yancer (Grant Writer)
(Attachment 12)

AzCH-CCP Provider Manual Updates (Both)

- The AzCH-CCP Provider Manual has been updated effective 12/1/2018. Attached is the Summary of Changes that have been made to the manual.

Provider Manual Section Changes are in the following sections:

- Nurse Wise now referred to as AzCH Nurse Assist Line
- TABLE OF CONTENTS-Updated
- SECTION 1 – INTRODUCTION TO ARIZONA COMPLETE HEALTH-COMplete CARE PLAN
- SECTION 2 – COVERED SERVICES AND RELATED PROGRAM REQUIREMENTS
- SECTION 4 – MEDICAL MANAGEMENT/UTILIZATION MANAGEMENT REQUIREMENTS
- SECTION 5 – CREDENTIALING AND RE-CREDENTIALING REQUIREMENTS
- SECTION 6 -- DATA SYSTEMS/REPORTING REQUIREMENTS
- SECTION 9 -- COMPLAINTS
- SECTION 10 – QUALITY MANAGEMENT REQUIREMENTS
- SECTION 12 – BEHAVIORAL HEALTH NETWORK PROVIDER SERVICE DELIVERY REQUIREMENTS
- SECTION 13 – HEALTH PLAN COORDINATION OF CARE REQUIREMENTS
- SECTION 14 – SPECIFIC BEHAVIORAL HEALTH PROGRAM REQUIREMENTS
- SECTION 16 – DELIVERABLE REQUIREMENTS
- SECTION 18 – PROVIDER MANUAL FORMS AND ATTACHMENTS
- The Summary of Changes will include the changes/updates made during this revision period in lieu of the redline version.
- The new AzCH-CCP Provider Manual has been posted and effective 12/1/2018 to the AzCH website. It can be located under Provider Resources at <https://www.azcompletehealth.com/providers/resources/forms-resources.html>

Karen Mavrikos (Behavioral Health Coordinator)

SMI Screening, Eligibility and Determination Updates (Behavioral Health Home)

- Reminder: Please check and re-check your evaluations before submitting to CRN to assure that they are able to successfully make a determination. Following are some of the more common errors that have resulted in an inability to be processed successfully
 - Diagnoses included which are not on the list of approved SMI diagnoses
 - Base your diagnosis and functional impairment on one of the approved diagnoses.
 - Clinical evidence does not support the diagnosis
 - Review the chart, as well as the DSM 5 thoroughly, and identify and document behavioral symptoms that match criteria in the DSM 5 for the diagnosis. For instance, the DSM 5 may say that “you need 2 of the following persisting *for at least a month*” or to *rule out* this or that to make the diagnosis.
 - Submission was made outside of the authorized timeline
 - Clinical signatures were missing
- The Health Plan has been outreaching providers with a list of members by diagnosis who may qualify to be evaluated for SMI designation. The lesson from this process has been that many of the members on this list have been closed for some time. Because of lag times in data between agency and AZCH, it would be helpful to understand how agencies are utilizing their data to inform their process of identifying members for eligibility in real time and offering the opportunity to an SMI evaluation.
- When members meet criteria, both in diagnosis and functional impairment, it is important to take a proactive approach towards offering the member an opportunity to be evaluated. This is beneficial to both the member and the provider, as funding and services are more extensive for SMI members.
- It is suggested that members are offered this opportunity every six months, regardless of the member’s decision to decline in the past. Additionally, documenting this in the members chart is important as well.
- Thank you all for your hard work. We are seeing a rise in the number of successful determinations.
- For details on proper submissions as well as forms go to:
<http://www.crisisnetwork.org/smi/provider/#forms>

Lee Martinez (Manager – Provider Engagement)

FQHC Box 19 Instructions from AHCCCS (Note: FQHCs Only)

- Paper Submissions/Formatting Examples:
 - One Participating/Performing Provider – XXNPIProviderName (NPI if a registerable Provider) or 999999999ProviderName (no NPI if not a registerable Provider) (last, first, 20 characters)
 - Example – XX1987654321Smitherhouse, Michelle
 - Two Participating/Performing Providers – XXNPIProviderName (NPI if a registerable Provider) or 999999999ProviderName (no NPI if not a registerable Provider) (last, first 20 characters) 3 blanks XXNPIProviderName (NPI if a registerable Provider) or
 - ProviderName (no NPI if not a registerable Provider) (last, first 20 characters)
 - Example – XX1987654321Smitherhouse, Michelle XX2123456789Fredricksburg, Cynthia
- Electronic Submissions/Formatting Examples:
 - One Participating/Performing Provider – XXNPI ProviderName (NPI if a registerable Provider) or 999999999ProviderName (no NPI if not a registerable Provider) (last, first 20 characters)
 - Two Participating/Performing Providers – XXNPIProviderName (NPI if a registerable Provider) or 999999999ProviderName (no NPI if not a registerable Provider)(last, first 20 characters) 3 blanks XXNPIProviderName (NPI if a registerable Provider) or 999999999ProviderName (no NPI if not a registerable Provider)(last, first 20 characters)

Quality Updates

Peter Picone (Clinical QI Specialist)

(Attachments 13-14)

Audit Tools (Behavioral Health Home & Specialty)

- Please see the attached FY19 AzCH QM Medical Record Audit Tool for Nursing Facilities
 - Nursing facilities are monitored a minimum of every three years per AMPM 910, Attachment A, AHCCCS Contractor Services/Service Site Monitoring - Attached
- Please review the attached audit tool effective 10/1/18 for the operational definitions in order to meet compliance

- Please distribute the FY19 AzCH audit tools to appropriate staff at your agency
- If you have any additional questions, please contact me or David Widen, QI Audit Supervisor at dwiden@azcompletehealth.com

Training Updates:

Rodney Stagers (Senior Manager, Training and Workforce Development)

Workforce Development Plan

There are now 2 AzAHP Training Plans that have been set-up to auto-assign to all employees in your portal who were assigned to 1 or more of the Health Plans under the “Plan” field in their user profile.

- The 90-Day Trainings were assigned to employees who were hired 7 days (or less) prior to when you were linked to this site. If you would like to go back further than 7 days, you are welcome to manually add any employees to this training plan.
 - Welcome to Relias
 - Customer Service
 - AzAHP LEP
 - AzAHP Clients Rights, Grievances, and Appeals
 - Integrating Primary Care with Behavioral Healthcare
 - AzAHP-AHCCCS 101
 - Medicare and Medicaid Fraud and Abuse Prevention
 - AzAHP QOC
 - Law, Ethics and Standards of Care in BH
 - HIPAA Overview
 - Corporate Compliance: the Basics
 - Cultural Diversity
 - AzAHP – CLAS
- The Annual courses have been assigned to all staff. We have staggered the trainings in the Annual Plan so that folks are receiving training throughout the year instead of having to do them all within 30 days.
 - Medicare and Medicaid Fraud and Abuse Prevention
 - AzAHP QOC
 - Law, Ethics and Standards of Care in BH
 - HIPAA Overview
 - Corporate Compliance: the Basics

- Cultural Diversity
- AzAHP – CLAS

FAQs

- 1. Can I substitute any of the AzAHP Training Plan courses with courses we have assigned?**
 - a. The courses in the AzAHP Training Plans are required across all 7 Health Plans. These courses are required for all staff that are in your Relias system who are assigned to one or more of the Health Plans under the “Plan” field in their user profile. You are welcome to remove any duplicate courses/course topics from your agency created Training Plans, but you cannot edit courses in the AzAHP Training Plans.
- 2. Can we still use the Arizona Complete Health (Cenpatico) training plans?**

The AzCH training plans came over in the migration. We are looking at revising all the training plans. I will continue to work with the other plans to standardize plans.
- 3. Quarterly Compliance Reports**
 - a. Due to the transition we will not be running this report in January. The next report will be run in July 2019. However, please remember that the expectation is for your agency to be 90% compliant with trainings at all times.
- 4. If I have a new employee and I transfer their transcripts, will they still be auto-assigned the 90 Day AzAHP Training Plan courses.**
 - a. When you hire a new employee, first always ask if they have had a Relias account in the past. If they have, when you create their profile select them to be “inactive.” Next you will request a transcript transfer, through Relias: <https://www.relias.com/help> (Complete the form). Once you have received notification that the employee’s records have been transferred, you can change their status to “active.” They will then only be assigned the 90-Day courses they have never completed (if any). Relias is creating a job aid on this process, but in the interim you can always reach out to Relias Support for assistance: 1800-381-2321.
- 5. Since the annual courses are set to a fixed date, is it possible that a new hire employee might have to complete a course more than 1x in their first year of employment.**
 - a. Yes, this is possible and very likely. It would be up to the discretion of a supervisor or Training Lead at your agency if you want to have them re-complete the course, when it comes due the 2nd time, or if you want to do a quick verbal or observational assessment of the skills outlined in the course (essentially attesting that they are competent in this topic). An Administrator in Relias may then manually mark them complete for the course (if this function is turned on in your Relias site. If it is not let me know and we can adjust this setting).
- 6. When are the Annual courses visible in a user’s Relias profile?**
 - a. Annual courses will be made available 90-days before their due date to allow plenty of time for completion.
- 7. Will our Relias users be notified when they have a course coming due or when a course is overdue?**

- a. Yes, the system should auto-generate these alerts. If you find an employee is not receiving notifications, please contact Relias directly and have them take a look at the employee's profile.

If you have additional questions about the process, please plan on attending one of the upcoming informational sessions:

To register for **one** of the following forums, go to <https://attendee.gototraining.com/rt/1191721465872748034>

- Friday December 7th 10:00-11:00am
- Friday January 4th 10:00-11:00am
- Friday January 11th 10:00-11:00am
- Friday January 18th 10:00-11:00am