

## Essential Physical Health 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:	<a href="https://goto.webcasts.com/starthere.jsp?ei=1225438&amp;tp_key=42185a46c1">https://goto.webcasts.com/starthere.jsp?ei=1225438&amp;tp_key=42185a46c1</a>
Meeting Purpose:	AZ Complete Health-Complete Care Plan Updates
Location:	Webcast
Questions:	Feel free to email questions and agenda items to <a href="mailto:jshipley@azcompletehealth.com">jshipley@azcompletehealth.com</a>
Next Meeting:	1/16/2019

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**Administrative Updates:**

**Tiffany M. Booth (Director of Provider Development)**

(Attachments 01-09)

**68 – Network Notification of NonPar Provider**

- 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**

- 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**

- 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 Cenpatico 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**

- 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**

- 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)

### Social Determinants of Health

- 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>

### SDOH Resources

- 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](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](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 10)

### **AzCH-CCP Provider Manual Updates**

**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>

**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**

**David Widen (QI Audit Supervisor)**

(Attachments 11-12)

### **Audit Tools**

- 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](mailto:dwiden@azcompletehealth.com)

### **Training Updates:**

**Rodney Staggers (Senior Manager, Training and Workforce Development)**

TRAINING OPPORTUNITIES AT <https://cme.arizona.edu/learners/events/rss?page=1>

#### **Online and Enduring Materials**

- A Clinician's Guide to Sexual Assault
- Care of assault victims requires medical and legal knowledge administered with compassion. This program is intended to help clinicians become familiar with their state statutes about sexual assault and understand the process of assessing, treating, and supporting the victims.
- CME Credits: 2

#### **A Guide to the Secrets of Never-Sued Physicians**

- Medical malpractice suits are not an inevitable consequence of engaging in the practice of medicine. Never-sued physicians recognize the inherent vulnerabilities of patient hood and consistently employ techniques to meet patient needs and expectations. This course teaches you techniques that will enable you to avoid the most unpleasant aspect of medical practice: a malpractice suit.
- CME Credits: 4

#### **Accident or Injury? Managing Abuse in Younger Children**

- This program uses 4 interactive cases to illustrate common issues in the evaluation of suspected child maltreatment and provides practical approaches that can be applied in any primary care or emergency department setting.
- CME Credits: 2

#### **Astute Doctor Communicate Program**

- This program of 8 different modules teaches physicians how to provide empathic, patient-centered health care that will improve your patient satisfaction scores and reduce malpractice litigation risk.
- CME Credits: 11.5



### **Communicating Through Healthcare Interpreters**

- Physicians must recognize and account for linguistic factors that affect patients' understanding of medical information. This course will help you meet your ethical responsibilities and reduce the risks that can arise from unsuccessful communication by teaching you how to work with trained medical interpreters.
- CME Credits: 2

### **Culture & End of Life Care: Collaborating with Interdisciplinary Partners**

- This course presents four interactive case studies that address diversity among patients facing a life-limiting illness and the need for interdisciplinary collaboration in providing end-of-life and palliative care. Skills are taught for building continuity of care through collaboration with interpreters, CAM practitioners, chaplains and other professional. Participants actively engage in each case study in a variety of ways, including choosing among multiple options at decision points and rating video simulations of patient-provider interactions on critical dimensions. Targeted feedback is provided for multiple choice responses and commentary on best practice is provided for other types of responses.
- CME Credits: 1.5

### **Culture & End of Life Care: Conversations with Patients and Families**

- This course presents three interactive case studies that teach skills needed to conduct difficult end-of-life conversations. Video case studies demonstrate a step-wise approach to breaking bad news, the importance of eliciting conflicting points of view about the values and motivations of an incapacitated family member, and a process for offering supportive therapies when medical care fails to relieve symptoms.
- CME Credits: 1

### **Culture & End of Life Care: Patients' Beliefs and Values**

- This course teaches a step-wise process, LEARN (Listen, Explain, Acknowledge, Recommend, Negotiate), for understanding and incorporating culture in patient care. The introductory module presents Explanatory Models as the basis for mutual understanding of the illness experience and teaches eight basic questions for eliciting the patient's Explanatory Model for the current illness experience. Subsequent interactive case studies focus on the role of spirituality in end-of-life decision making, responding to the family's preference for shielding the patient from full disclosure of a life-limiting illness, and incorporating the patient's use of CAM in the plan of care.
- CME Credits: 1.5



### **Current Management of Acute HIV Infection**

- This program teaches how to recognize and manage common clinical situations associated with real or potential HIV exposure. During the program, you will manage nine patients with possible acute HIV infection.
- CME Credits: 2

### **Current Management of Domestic Violence - Responding to IPV**

- This program will help you better recognize abuse in your practice. It will teach you how to assist your patients who are in abusive relationships. It will provide you with management strategies that will aid you and your staff.
- CME Credits: 1 to 16

### **Delivering Culturally Competent Care: Managing Type 2 Diabetes in Diverse Populations**

- This course will improve your ability to deliver culturally effective care in the clinical setting. You will have an opportunity to practice your skills using case examples of various patients with type 2 diabetes. You will also learn about the latest guidelines and research on diabetes prevention, screening, and treatment.
- CME Credits: 1 to 9

### **EMTALA: An E.R. Law That Affects All Physicians, 2nd Edition**

- This activity describes the requirements of the Federal EMTALA law and how to comply with these requirements. Numerous examples of case law are included.
- CME Credits: 4

### **Identifying and Evaluating Child Abuse**

- This program uses 4 interactive cases to illustrate common issues in the evaluation of suspected child maltreatment and provides practical approaches that can be applied in any primary care or emergency department setting.
- CME Credits: 2

### **Improving Outcomes in Chronic Pain**

- This program helps you recognize how to diagnose common pain problems; assess and manage functional status in pain patients; manage long-term pain medications, particularly opioids, and utilize referral and ancillary care providers in treating chronic pain.
- CME Credits: 1 to 14.5

### **Infection Control for Physicians**

- This program deals with infection control, patient safety, and risk management. It includes evidence-based risk management practices and guidelines for controlling the spread of infectious diseases. We will give you a chance to improve your knowledge and practice your skills for dealing with blood borne infection, drug resistant organisms, and outpatient respiratory illness.
- CME Credits: 2

### **Introduction to Culturally and Linguistically Appropriate Services (CLAS) and Minority Health Disparities**

- This course teaches participants about current CLAS (Culturally and Linguistically Appropriate Services) standards and issues involved in providing care for Mexican American patients with Limited English Proficiency (LEP). Participants completing the course will have a better understanding of health disparities; the complex interaction of race, culture and ethnicity; and how to use a skills-based approach (the ASCN model) to provide culturally competent care to patients.
- CME Credits: 1.5

### **Introduction to Safe Prescribing of Opioids for Pain Management**

- There is increasing evidence that opioid medications are over-prescribed and poorly managed because physicians are not aware of appropriate opioid risk management strategies and non-opioid approaches to treating chronic pain. This activity seeks to familiarize physicians with current guidelines for opioid use and prescribing, as well as educate physicians about non-opioid strategies for pain management.
- CME Credits: 1

### **Introduction to the Practice of Palliative Medicine**

- This program introduces physicians to the principles and practices of palliative medicine. It covers medical therapies designed to reduce suffering, techniques to improve patient and family communication, strategies to enhance coordination of care, and actions necessary to facilitate hospice care.
- CME Credits: 1

### **Managing Opioid Misuse Disorder in Pregnancy and Neonatal Care**

- There is increasing evidence that opioid medications are over-prescribed and poorly managed because physicians are not aware of appropriate opioid risk management strategies and non-opioid approaches to treating chronic pain. This activity seeks to familiarize physicians with identifying specific problems encountered by women using opioids during pregnancy and how to evaluate and treat pregnant patients with a history of maternal opioid use.
- CME Credits: 1

### **Opioid Issues in Youth Pain Management for Orthopedic Injuries**

- There is increasing evidence that opioid medications are over-prescribed and poorly managed because physicians are not aware of appropriate opioid risk management strategies and non-opioid approaches to treating chronic pain. This activity seeks to familiarize physicians with managing adolescent non-cancer pain using non-opioid therapies.
- CME Credits: 1