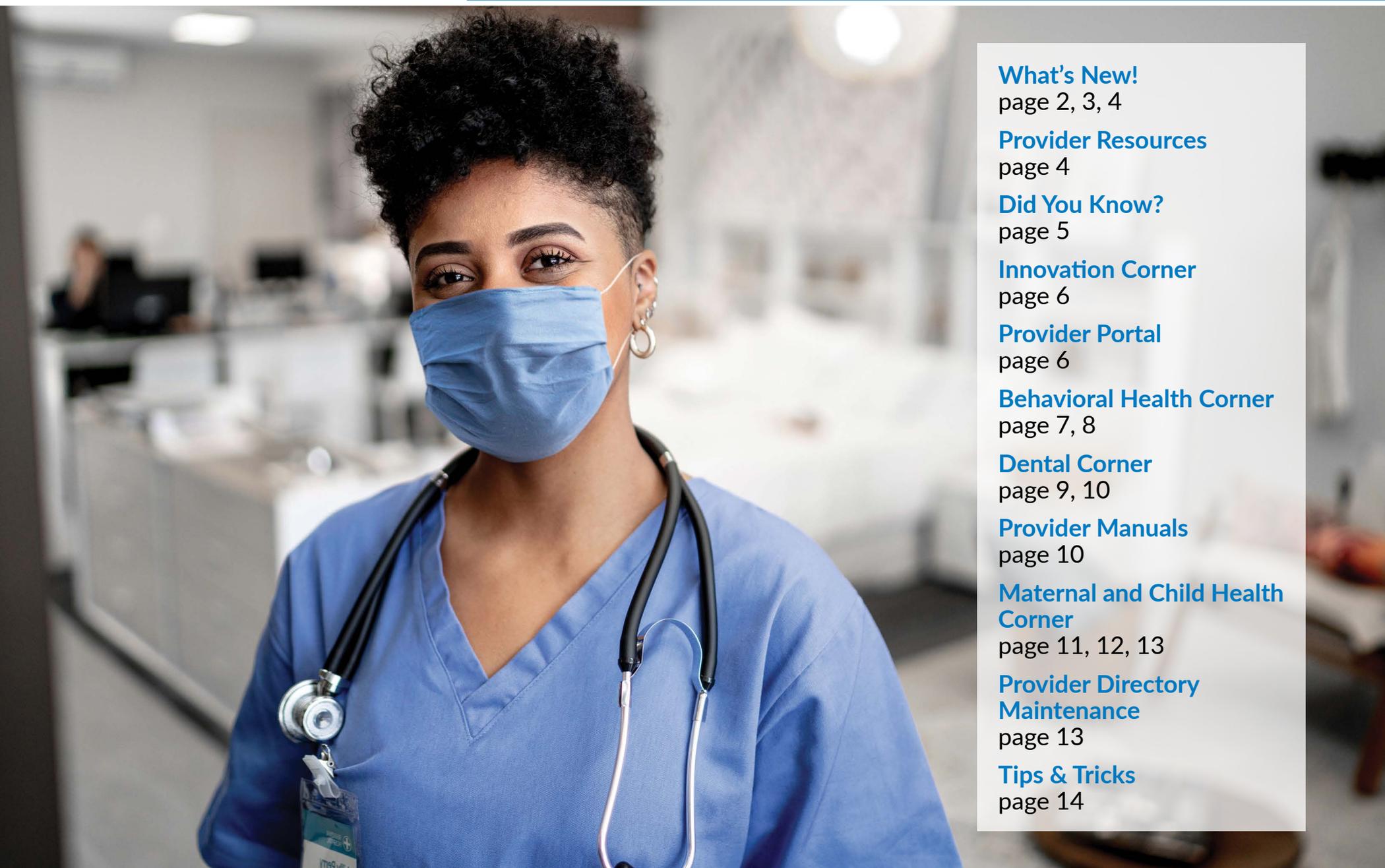




Provider Newsletter

July - August 2021



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What's New!

Catch-up on Well Child Visits and Immunizations with Back-to-School Outreach!

Routine childhood immunization rates and well child visits declined during the COVID-19 pandemic. As the pandemic improves and we return to a more normal way of life, families are becoming more comfortable returning to the doctor's office for routine care.

In a short time, most Arizona children will be returning to in person school. Back to school is a great time to encourage families to get their children caught up on well care and immunizations.

- **Partner with local schools to remind families about recommended well child visits and immunizations.**
 - Work with schools to provide healthcare information when back to school information is sent out – their contact info may be better than yours!
 - Do your local schools have a newsletter? Ask for a regular column.
- With the return to school comes the resumption of many youth sports. **Requests for sports physicals are a great opportunity to check immunization status and to offer a full EPSDT visit.**
 - Train staff to let families know that a sports physical is covered under their insurance when completed with an EPSDT visit.
 - Consider using any and every sports physical visit as an opportunity for a full well child exam.
 - Consider setting aside days/times for back-to-school sports physicals and

EPSDT visits. Partner those days with a fun event or staff sports day – wear your favorite team's jersey!

- Check ASIIS on every scheduled sports physical and offer any vaccines that are due.
- **Partner with Youth Sports Organizations**
 - Collaborating with youth sports organizations can help get the word out about the importance of well child visits and immunizations.
 - About 2/3 of adolescents see a health care provider each year. Of those visits, only about 1 in 15 are for preventive care. Targeting youth sports is a great way to increase outreach to this population.
 - Partnering with groups who are trusted by families can help increase child and teen engagement with preventive care.
- **Increase Access to Care Around Back to School Time**
 - Consider adding evening or weekend well visit appointments.
- **Turn Sick visits into Well Visits**
 - Seeing a child for a rash? Take advantage of the patient being in the office and offer an EPSDT visit as well (use a modifier-25 with billing).
 - The addition of the EPSDT components typically adds a small amount of time to the visit as registration, rooming, vital signs etc. have already been completed.
 - Add-on EPSDT services are beneficial for the patient and often result in increased patient satisfaction as well.
- **Use Technology**
 - Implement text message campaigns.
- Use automated recall lists for immunizations and well visit reminders.
- Most parents/guardians want their children to have recommended care and will be willing to set up an appointment when reminded one is due.
- **Partner with Health Choice!**
 - Health Choice is happy to collaborate with you on health fairs, outreach, and scheduling. For further information on health fairs and outreach contact Lupe Campos, Community Relations Manager at Guadalupe.Campos@healthchoiceaz.com
 - Our EPSDT team will follow up on your Health Choice Members' ESPDT missed appointments and work to get those patients rescheduled. For further information reach out to our EPSDT team at HCEPSDTCHEC@healthchoiceaz.com
 - Take advantage of internal Health Choice well child and immunization gap reports to guide outreach. For information on your practice's gaps reach out to HCHPerformanceImprovement@healthchoiceaz.com
 - Health Choice offers a **\$25 gift card to 3-20 year old members receiving EPSDT visits**. Leverage the incentive to help motivate parents/guardians to make and keep well child appointments. See [Healthy Rewards Program - Health Choice Arizona \(healthchoiceaz.com\)](#) for further information.

Jane Dill, MD
Physician Consultant

What's New!

Change in Minimum Subcontract Provisions Effective 10/01/2021

Effective 10/01/2021 AHCCCS has made an update to the Minimum Subcontract Provisions (MSPs). These updates have been posted to the AHCCCS website. The MSPs are referenced and incorporated into the AHCCCS Provider Participation Agreement, Provider Contracts and the Health Choice Arizona Provider Manual, Chapter 3. All AHCCCS providers are required to comply with the MSPs.

In addition to general corrections to citations throughout, the following revisions have been incorporated:

- Revised Fraud and Abuse section to clarify language regarding recoupments

15. FRAUD AND ABUSE

If the Subcontractor discovers, or is made aware, that an incident of suspected fraud or abuse has occurred, the Subcontractor must report the incident to AHCCCS,

Office of Inspector General (AHCCCS-OIG) immediately and to the Managed Care Organization. The Subcontractor is prohibited from recouping funds from an improper payment by AHCCCS if fraud, waste, and/or abuse is identified.

AHCCCS/OIG has the sole authority to handle and dispose of any matter involving fraud, waste, and/or abuse. The Subcontractor shall assign to AHCCCS/OIG the right to recoup any amounts overpaid to a provider as a result of fraud, waste, and/or abuse. If the Subcontractor receives anything of value that could be construed to represent the repayment of any amount expended due to fraud, waste and/or abuse, the Subcontractor shall forward that recovery to AHCCCS/OIG within 30 days of its receipt and failure to do so shall be deemed an overpayment subject to set off in the amount received by Subcontractor.

MSPs are available here: azahcccs.gov/PlansProviders/HealthPlans/minimumsubcontractprovisions.html

AHCCCS Extends ROPA Registration

Due to the continuing public health emergency and in an effort to ensure that no AHCCCS member experiences disruptions in care, AHCCCS has announced they will further extend the registration deadline for referring, ordering, prescribing and attending (ROPA) providers to January 1, 2022 or the end of the COVID-19 public health emergency, whichever comes later.

In order to ensure that providers meet this extended deadline, AHCCCS will release additional guidance specifically for referring and ordering providers, prescribing providers, and attending providers in June 2021.

For additional information about ROPA, visit the AHCCCS ROPA web page.

Arizona 2021 Health Literacy Annual Conference

Save the Date: September 23, 2021
IHA: Arizona Health Literacy Annual Conference, 2021

Pandemic: Response, Recovery, Resilience

Date: September 23, 2021
Location: Virtual Conference
Time: 8:00 AM – 3:30 PM

Best Practice Presentations and Workshops:

- Boarder Health, Amanda Aguirre
- Medication and Health Literacy
- Panel Discussion: Arizona Practices to end a Pandemic
- Using technology for Health Literacy
- Panel Discussion: Social Isolation across all ages

Questions?

Email: Culture@Healthchoiceaz.com

Visit us online for Cultural Competency specific content and education-related material: www.healthchoiceaz.com/providers/cultural-competency/



What's New!

AHCCCS Provider Enrollment Portal (APEP) Process Change

Effective August 1, 2021, the AHCCCS Division of Member and Provider Services, Provider Enrollment **will no longer accept paper submitted updates/modifications by mail, email, or fax.**

The AHCCCS Provider Enrollment transitioned from a paper process to the AHCCCS Provider Enrollment Portal (APEP) in the summer of 2020 and continues to standardize enrollment processes to improve the overall processing time. As the online application system approaches its one year anniversary, AHCCCS is moving toward an entirely electronic process that eliminates paper. A modification, also known as an update or change request, is any type of change required to maintain the active provider ID. Modifications include changes to address(es), telephone number(s) demographics, license/certificate updates, etc.

Note: At this time the APEP system is unable to accept online modifications for Non-Emergency Transportation and Attendant Care providers who report employees. Please continue to submit these via paper.

You will need the following items to submit the modification in APEP:

- A username and password, referred to as the Single-Sign-On (SSO).
- The temporary 14 digit application ID.
 - This is only needed if the re-registration has not been completed
 - The user could require domain permission, if the re-registration has been approved to submit the modification.

For assistance on creating the Single-Sign-On (SSO), submitting a modification, please review the APEP training materials available on the AHCCCS website at www.azahcccs.gov/PlansProviders/APEP/Access.html

For assistance on requesting the temporary 14 digit application ID or requesting domain permission, Please contact Provider Assistance at (602) 417-7670, option 5, or email Provider Enrollment at APEPTrainingQuestions@azahcccs.gov

We Heard You & We're Here to Help!

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.

Health Choice Arizona: www.healthchoiceaz.com

Health Choice Pathway: www.healthchoicepathway.com

Visit us online for provider specific resources! To help you and your staff stay informed and help address any questions about Health Choice, we have established the following support services:

Provider Services call center: **1-800-322-8670**

Open Monday-Friday, 6:00 A.M. - 6:00 P.M.

Provider Portal: **480-760-4651**

Please take advantage of additional resources available online on the 'Provider' tab of our websites

****Member Rights & Responsibilities & Privacy Notices****

are included in the Health Choice Member Handbook and can be located on the Health Choice website at:

www.healthchoiceaz.com/privacy-notice

www.healthchoiceaz.com/members/member-services/
(Member Rights and Responsibilities tab)

Did You Know?

Utilization Management (UM) Criteria and Medical Decision Making (MDM)

Health Choice applies objective and evidence-based criteria and takes individual circumstances and the local delivery system into account when determining the medical appropriateness of health care services. Evidenced based criteria includes InterQual, LCD, NCD, and health plan developed guidance.

Given your clinical expertise, we welcome your involvement in developing and reviewing criteria. Please contact your Network Provider Performance Representative who will connect you with Clinical Leadership.

Outpatient Laboratory Services - LabCorp

Health Choice has a statewide capitated contract with LabCorp of America to provide a full array of laboratory services. Please refer to the prior authorization grid regarding laboratory services that require prior authorization.

Please visit www.labcorp.com for service locations.

Nurse Practitioner Board Certificate

Health Choice Arizona and Health Choice Pathway requires verification of board certification, when applicable, for all Nurse Practitioners to finalize credentialing.

Aperture conducts credentialing on behalf of Health Choice and is unable to verify certification if it is not listed within the Specialties section of your CAQH application.

Failure to include specialty board certification information will cause delays in processing and may result in cancellation of your application to participate.

Your application is not considered complete until the Specialties section of the CAQH has been completed. To make changes to your specialty or board certification:

- Log in to your CAQH
- Access the Specialties section
- Select the NUCC Grouping Nursing Service Providers and follow prompts to input board certification and/or specialty information

Everyone Enjoys the Fair – a Dental and Health Fair, that is!

Did you know Health Choice partners with our providers to co-host dental and wellness health fairs? Hosting a health fair is a great way to close the gaps in care and increase awareness by educating and encouraging early detection and treatment of disease. Also, it is an excellent time to immunize members according to the periodicity schedule. As co-hosts, we collaborate with you and your team to:

- Secure a date
- Set up a schedule for the event
- Call Health Choice members to schedule their appointment for the event (we'll focus on members who are past due for their preventive dental and well-child visit or who haven't been to your office yet)

Workers' Compensation

Health Choice Arizona and Health Choice Pathway requires verification of Workers' Compensation Liability for all Facilities.

Failure to include Workers' Compensation liability delays credentialing and may result in cancellation of your application to participate.

The AzAHP Organizational Data Form, on page 4, has a checklist that indicates the required insurance and amounts. Please see the requirements below and ensure you are providing.

Required -Workers Compensation:

- Each Accident \$1,000,000
- Disease-Each Employee \$1,000,000
- Disease-Policy Limit \$1,000,000

On the day of the event, members of the Health Choice team will be available to greet the members, provide educational information, and give away goodie bags to each member for completing their appointment visit.

Let's team up and start planning a health fair! Contact Lupe Campos, Community Relations Manager, at Guadalupe.campos@healthchoiceaz.com. We look forward to working with you to improve the health and wellness of our members.

axialHealthcare Partnership Supporting the health of members on controlled substances

Despite national reductions in opioid prescriptions and greater awareness and adoption of evidence-based prescribing, overdose and addiction rates remain steady across the country. In Arizona, 8.6 percent of individuals with suspected opioid overdoses in the prior month received prescription opioids from 10 or more prescribers in the past year, according to the Arizona Department of Health Services.

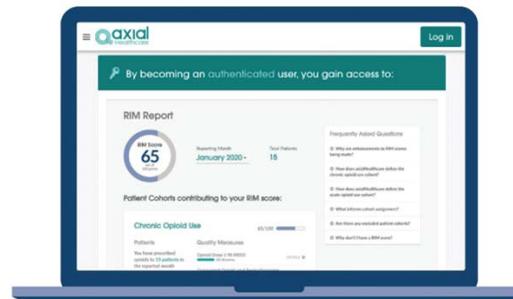
Health Choice Arizona **partnered** with axialHealthcare in June 2020 to offer its provider network a wide range of tools and resources that support the health of its members on opioids and other controlled substances. These resources are intended to help providers improve patient safety and reduce harm while maintaining the crucial clinician-patient relationship when managing acute and chronic pain. Through this collaboration, the tools available to providers include:

- **Patient intelligence** highlighting patients who fall into certain risk categories, such as patients recommended for evaluation for substance use disorder, opioids received from multiple providers, or benzodiazepine use with opioids. Risk categories are tied to clinical considerations that may help mitigate the risk.
- **Patient-specific snapshots** of key clinical information that summarize critical diagnoses and recent prescriptions.

- **Insight into areas of patient risk** within a set of clinical measures for opioid prescribing.
- **An interactive opioid reduction tool** to assess patient readiness and motivation and support the development of patient-centric reduction plans when beneficial.

These resources are supported by axialHealthcare's Clinical Consult Services (CCS) team of clinical pharmacists, nurse practitioners, and engagement specialists. The CCS team's goal is to support providers in the treatment of complex patients by applying their clinical expertise, offering detailed patient intelligence, and identifying care coordination opportunities and other relevant evidence-based solutions to support optimal patient health outcomes.

To gain access to these axialHealthcare resources or learn more about the offering visit practice.axialhealthcare.com, call **602-960-2022** or email providersupport@axialhealthcare.com. Additional information can be found under Provider Education Resources within Health Choice Arizona's **Provider Education webpage**.



We Heard You & We're Here to Help!

Provider Portal

The 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!

<https://providerportal.healthchoiceaz.com/ProviderPortal>

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.

Behavioral Health Corner

Health Choice Arizona (HCA) 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).

Please visit us online for Behavioral Health specific content and education-related material: www.healthchoiceaz.com/providers/behavioral-health-resources



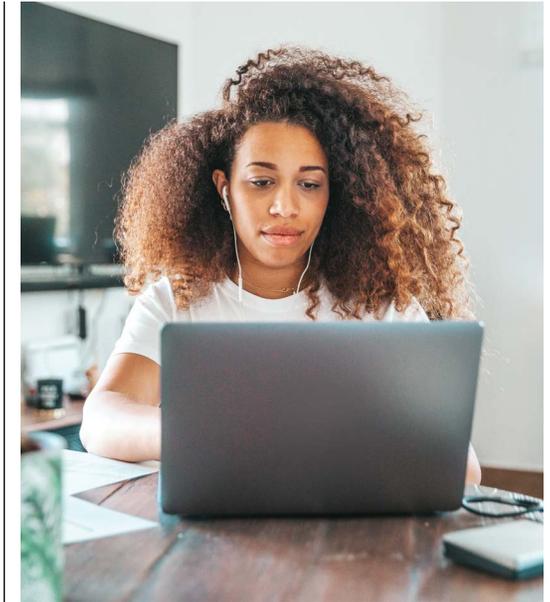
A New Coalition for BH Quality Improvement

For years the BH medical providers for Health Choice/BCBS in Central and No. AZ have met monthly on the 4th Tuesday on ZOOM. This meeting now has a new name: **The BH Collaborative Care Coalition**, with a new priority and focus on improving quality across the network. We will choose key topics and form a smaller parallel work group to address ways to improve outcomes and safety. The work group will identify evidence-based treatment and standardize key aspects of care amongst our agencies to improve overall safety and outcomes. This process will involve collaboration with the ongoing expansive monthly group. BH Medical Directors and CMOs as well as any other BH Providers in our system have been invited to participate in the smaller focused work group to bring their experience, ideas and energy for activation of change and improved network consistency in high risk, high cost treatment zones.

The first focus for the Collaborative Care Coalition workgroup to tackle is **Follow-Up after Hospitalization (FUH)**. These required follow-up appointments have barriers to completion for our members, and yet making it to a BH provider within 7 days after discharge is known to reduce risk of suicide, readmissions and ED visits. We want to specifically minimize the challenges and maximize success for our members in getting to their follow up appointments, instituting “roadmaps or algorithms” to help them get what they need after inpatient hospitalization (examples: transportation, shelter, food, medications, BH input, MAT, etc.)

In addition, this virtual **BH Collaborative Care Coalition** will continue to be a forum for improving member and provider support and inclusion. We will address the social determinants of health affecting our members and reach out in new ways to improve their sense of belonging and active participation in this healthcare network. We will also continue to share updates from Pharmacy, AHCCCS, NCQA and BCBS network priorities, Opioid and MAT standards of care, COVID, and vaccination progress.

Amy Jelliffe, MD
Psychiatrist Physician Consultant



Workforce Development – Training Offerings

Your HCA Workforce Department is excited to announce and rollout the HCA Clinical Team Training Series! Since April of this year, HCA has provided clinical trainings via a webinar based platform (Zoom/Eventbrite), and recorded each of these sessions for you and your staff to view and learn from in Relias. If you have additional questions or needs, please reach out! We are always looking for ideas to deliver new trainings to the network, so send your thoughts/needs our way.

Also, if you are interested in joining us for a live session, please visit our Eventbrite page for a list of future trainings: www.eventbrite.com/o/health-choice-arizona-18029430714

Behavioral Health Corner

Child and Adolescent Level of Care Utilization System (CALOCUS/LOCUS)

In order to ensure the proper identification of children and adolescents with complex needs and appropriate levels of care, AHCCCS has contracted with Deerfield Behavioral Health (Deerfield) to license the Child and Adolescent Level of Care Utilization System (CALOCUS) and Level of Care Utilization System (LOCUS) software, as well as access to online training for those who have familiarity with instruments that measure level of service acuity instruments. The agreement includes the licensing of both CALOCUS/LOCUS online, though AHCCCS is currently only requiring the use of the CALOCUS. This also includes licensing of the integrated Electronic Health Record (EHR) products, with the intent that providers include the assessment in their data feeds into the Health Information Exchange (HIE).

Implementation:

Providers can implement CALOCUS/LOCUS in one of two ways. The first is via the web based version which can be accessed at locus.azahcccs.gov. The second is via an EHR integration.

Regardless of which option you choose, you must first reach out to Deerfield and sign their end user license agreement as soon as possible, but no later than July 1, 2021. There is no cost associated with this agreement. Matthew Monago will be your contact at Deerfield and his email is mmonago@journeyhealth.org.

Please be sure to identify your organization as an AHCCCS provider when emailing.

Upon signing of your agreement you will receive the following information:

1. You will be provided a training discount code specific to your organization. This code should not be shared outside your organization or with contractors. Each organization has their own code and it's to be used by employees only. Training can be booked online at <http://locusonline.com/training.asp>. The discount code will provide a 100 percent discount on all booked trainings. Once you have your code you can begin signing up for training immediately.
2. You will be provided a registration code to register on the locus.azahcccs.gov website. Please register for an account prior to your onboarding session with Deerfield. Deerfield cannot schedule your onboarding session until your account is created. This should be created by your appointed LOCUS admin.
3. You will be provided with information on EHR integrations. Please note that EHR integrations can take several months or more to deploy depending upon your EHR's functionality and vendor resource availability.

The announcement includes more information and details. You can find the full notice on our website. To view this notice for embedded links and content specific to education-related material, please visit us online at www.HealthChoiceAZ.com under our "Providers" tab.



Guidelines for Dental providers in treating patients with Severe Mental Illness

Patients diagnosed and treated for depression, SMI, or placed on psychiatric medications may have poorer oral hygiene and a higher prevalence of oral disease than the general population. Poor oral health in SMI patients is associated with:

- Side effects of medication, mainly xerostomia
- Tobacco/ drug use
- Patient's noncompliance with dental treatments
- Lack of self-care resulting in poor oral hygiene
- A negative attitude towards healthcare providers
- Overall Dental Anxiety

The rate of dental visits is significantly lower in the SMI population than in the general public. The following are some of the barriers to oral health for the SMI population:

- Access to dental care
- Fear of dental care
- Lack of oral health screenings by psychiatrist
- Characteristics of mental illness
- Lack of communication
- Stigma of mental illness

Patients with SMI should be recognized by dentists as particularly vulnerable and oral health screenings should be part of a more thorough assessment.

If you are treating members with SMI, it is important to follow these guidelines:

- Obtain a complete medical history including, all medications. Consult with other health professionals who work with the patient to help ensure comprehensive care and to identify patients who might require special management

- Keep appointments short. SMI patients may not tolerate long procedures. Start with simple procedures first to give the patient a good experience
- It is much more important for the patient's return for the next appointment than it is to complete a set amount of dental work at the first appointment
- Allow for timeout breaks during the treatment
- Do a lot of explaining, especially if you sense fear or paranoia
- Treat SMI patients with respect and empathy
- Be non-judgmental and tolerant of eccentric and undesirable behavior
- Be consistent, predictable, and use positive reinforcement
- Remember, SMI patients may require much patience and stepwise care. Develop trust and they can become some of your best patients.



AHCCCS Dental Requirement – Periodicity Schedule and Uniform Warranty

As a reminder, all Health Choice Arizona members under 21 years of age are assigned to a dental home by the age of 1. Members under 21 years of age must be seen by a dentist for routine preventive care according to the dental periodicity schedule contained in the AHCCCS Medical Policy Manual located at: [azahcccs.gov/shared/MedicalPolicyManual/](https://www.azahcccs.gov/shared/MedicalPolicyManual/) (AMPM431- Attachment A).

The AHCCCS Dental Periodicity Schedule gives dental providers the necessary information regarding the time frame in which age-related required screening and services are to be rendered by the providers.

Please post a copy of the schedule in your office for easy reference and to utilize at every dental visit to ensure all age-appropriate screening and services are conducted during each visit.

Providers are also encouraged to refer to the AHCCCS Dental Uniform Warranty List to determine the frequency a restoration or other services can be replaced. AHCCCS Dental Uniform Warranty List is located at: [azahcccs.gov/PlansProviders/GuidesManualsPolicies/](https://www.azahcccs.gov/PlansProviders/GuidesManualsPolicies/)

Dental Uniform Warranty

Procedure	Warranty Period
Fillings	2 years
SSC	3 years
Cast Crowns	5 years
Space Maintainers	Once per lifetime per S.M. code
Sealants	3 years
RCT	1 year
Dentures	3 years
SDF	4 times per year per tooth (No restoration or EXT on the treated tooth for up to 6 mos. following the last application)

If you have any questions, please contact the Health Choice Arizona Dental Department at [480-968-6866](tel:480-968-6866), ext. [6006](tel:6006)

We Heard You & We're Here to Help!

Provider Manuals

Our Provider Manuals are designed to provide basic information about the administration of the Health Choice Arizona (both AHCCCS and RBHA) and Health Choice Pathway programs. Details within our manuals are intended to furnish providers and their staff with information, covered services, claim and/or encounter submission requirements. The Health Choice Arizona provider manual is an extension of the Health Choice Arizona Subcontractor Agreement, executed by the participating provider. The participating provider agrees to abide by all terms and conditions set forth within our Provider Manuals. The Provider Manual is incorporated into the contract each provider holds with Health Choice.

Maintenance of the Provider Manual is performed annually with review and revisions necessary to align with AHCCCS, CMS as well as regulatory governing agency (i.e. ACOG, ADA, ADHS) updates. Annual review of the Provider Manual is conducted every July for Health Choice Arizona and every January for Health Choice Pathway.

Hospital administrators, physicians and other medical professionals may only be interested in reviewing chapters pertaining to their specialty directly, in addition to chapter 1 of the Health Choice Arizona and Health Choice Pathway's provider manuals as well as chapters regarding our philosophy and guidance in Care Management.

However, office staff and billers of providers should also become familiar with the requirements for member eligibility and enrollment (Chapter 2), provider responsibility (Chapter 3), prior authorization requirements (Chapter 6), claims submissions, billing policies and procedures, formal dispute and appeal processes (HCA Chapters 7-15, HCP Chapters 8-9). Use of our Provider Manuals will help reduce questions and expedite the claims process by ensuring that claims are submitted correctly the first time.



EPSDT Reminders

The Early Intervention Program (AzEIP)

The Arizona Early Intervention Program (AzEIP) is Arizona's statewide interagency system of services and supports for families of infants and toddlers, birth to three years of age, with disabilities or delays. AzEIP is established by Part C of the individual with Disabilities Education Act, which provides eligible children, and their families access to services to enhance the capacity of families and caregivers to support the child's development. A total of 11,429 children were served through the AzEIP program in 2019.

A child, birth to 36 months of age who has not reached 50% of the developmental milestones expected at their chronological age in one or more of the following areas is eligible for AzEIP services:

- Physical (Fine, or gross motor, including vision and hearing)
- Cognitive
- Communication
- Social or emotional
- Adaptive

A child with an **established condition** known to have a high probability of resulting in developmental delay is also eligible. The conditions include but are not limited to:

- Chromosomal abnormalities
- Metabolic Disorders
- Cerebral Palsy
- Severe auditory or visual impairment

- Failure to thrive/undernutrition
- Severe attachments disorders
- Disorders reflecting disturbances in the nervous system (Autism Spectrum Disorders, born addicted to narcotics or alcohol)

During the EPSDT well-child visit, the PCP will determine the child's developmental status through discussion with the parents and utilization of developmental screening tools. If the PCP identifies potential developmental delays, they may request an evaluation by a specialist by submitting the clinical information s and request for evaluation and services to HCA. To initiate the referral process, contact AzEIP directly at [602-532-996](tel:602-532-996), or via the AzEIP website at des.az.gov/services/disabilities/developmentalinfant

For additional information, please contact the EPSDT department at [480-760-4821](tel:480-760-4821).

Lead Poisoning and Testing

Exposure to lead can seriously harm a child's health and cause behavioral and learning problems, damage to the brain and nervous system, slowed growth and development and hearing problems.

Populations at higher risk include:

- Children who live in households at or below the federal poverty level and those who live in housing built before 1978 are at the greatest risk of lead exposure
- Children less than six years old
- **Women who are pregnant** as lead can

pass from a mother to her unborn baby

- Children who are immigrants, **refugees, or recently adopted from outside of the United States**

In 2019, 61,391 children in Arizona under six years of age had a blood lead test. Of the total tested, 40,773 (66.4%) children lived in a high-risk area, and 298 of them had elevated blood lead levels.

A blood test is the best readily available way to measure exposure to lead. No safe blood lead level in children has been identified. Even low levels of lead in blood have been shown to affect IQ, the ability to pay attention, and academic achievement.

Healthcare providers play a key role in preventing lead poisoning by identifying children at a higher risk, testing their blood lead levels, and connecting families to any needed follow-up services.

AHCCCS and Health Choice require all children receive a screening blood lead test at 12 months and 24 months of age. Children between the ages of 36 months and 72 months of age must receive a screening blood lead test if they have not been previously screened for lead poisoning. Thank you for ensuring our children are healthy and safe!

Pediatric Care Management:

If you feel a child is in need of a referral for care management please email or fax our Case Management (CM) referral form to: HCH_PediatricsCM@healthchoiceaz.com or fax 480-317-3358.

Maternal and Child Health Corner

The CM form can be found under the Providers section of our website under Forms: www.healthchoiceaz.com

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 EMR's directly to the EPSDT department, either by email or fax.

EPSDT screening for AHCCCS members less than 21 years of age is required. Submission can be completed with fax or mail. All EPSDT information is logged into the members file for tracking and reporting purposes as required by AHCCCS. Age appropriate screenings include vision, hearing, oral health, nutrition, development, tuberculosis (TB), BMI and lead. Any referrals you have for the member are also noted.

Working together we can keep kids healthy. Healthy children will lead to healthy adults. Email:

HCH.EPSDTCHEC@healthchoiceaz.com

Fax: 480-760-4716

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).

Arizona State Immunization Information System (ASIIS)

Timely administration of childhood and adolescent immunizations are more essential this year than ever, and AHCCCS requires that all administered immunizations are logged into ASIIS, the statewide immunization portal. Data integrity in ASIIS is critically important because common data entry errors like duplicate patient records and mis-keyed dosage information can make it difficult for providers, plans, and AHCCCS to know which members are truly overdue for immunizations. We highly recommend that you require your staff who enter data into ASIIS to complete the patient data and dose data trainings on ASIIS's online learning portal, APO TRAIN. aipo.myabsorb.com/?KEYNAME=AIPOTRAIN

MATERNAL REMINDERS

Pediatric Care Management

Health Choice has a team of skilled pediatric care managers who promote health literacy specific to the needs of children with high risk conditions. Our pediatric care managers are registered nurses who understand the role social determinants of health have on impacting health outcomes. Pediatric care managers interface with parents/guardians, providers, and community constituents

to facilitate educational and coordination of care interventions for high risk infants, children, and adolescents. Please email our Care Management (CM) referral form to: HCH_PediatricsCM@healthchoiceaz.com or fax 480-317-3358.

The CM referral form can be located under the Providers section of our website under Forms: www.healthchoiceaz.com

Well-Woman Preventive and Family Planning Services

Health Choice Arizona is committed to providing members with access to quality, medically necessary, and appropriate service. As a reminder, the coverage of an annual well-woman preventive care visit for women wishing to obtain the recommended preventive services, including preconception counseling includes:

Frequency:

- Annual physical exam (well exam) that assesses overall health,
- Clinical breast and pelvic exams (according to current best practice recommendations),
- Regular review and administration of immunizations, screenings, and testing as appropriate for age and risk factors

Screening and counseling as part of the well-woman preventive care visit to include:

- Proper nutrition, physical activity, and elevated BMI indicative of obesity,
- Tobacco/substance use, abuse, and/or dependency,

Maternal and Child Health Corner

- Interpersonal and domestic violence screening,
- Depression screening and mental wellbeing,
- Sexually transmitted infections including Human Immunodeficiency Virus (HIV),
- Family planning counseling
 - As a reminder, Long Acting Reversible Contraceptive (LARC) services are reimbursed through regular claims processes.
- Preconception counseling that includes discussion regarding a healthy lifestyle before and between pregnancies:
 - Reproductive history and sexual practices,
 - Healthy weight, including diet and nutrition, as well as the use of nutritional supplements and folic acid intake,
 - Physical activity or exercise,
 - Oral health care,
 - Chronic disease management,
 - Emotional wellness,
 - Tobacco and substance use (opioids, alcohol, marijuana and prescription drugs),
 - Recommended intervals between pregnancies.
 - *NOTE: Preconception counseling does not include genetic testing*

OB Care Management

Did you know Health Choice also has an OB Care Management team comprised of skilled nursing professionals and maternal child assistants who provide integrated culturally sensitive interventions to high risk moms. High risk conditionals are often identified from the timely submission of TOB forms.

If you have a pregnant member with high risk medical or BH conditions, please refer to our OB CM team.

Please email our Care Management (CM) referral form to: HCHHCACaseManagement@healthchoiceaz.com or fax 480-317-3358.

The CM referral form can be located under the Providers section of our website under Forms: www.healthchoiceaz.com

Syphilis testing

Prenatal Syphilis screening is important to both mom and her fetus. Undiagnosed syphilis during pregnancy delays treatment and can result in transmission to the fetus (Congenital Syphilis). Congenital syphilis is associated with stillborn delivery and neonatal death.

We Heard You & We're Here to Help!

Provider Directory Maintenance

Health Choice is conducting maintenance of the provider directory! To ensure your information is accurately reflected in our directory, please login to your CAQH and update any information which may be outdated, including:

1. Practice address, phone number and hours
2. Hospital affiliations
3. Board certification
4. Languages spoken

The above information reflected in your CAQH may be utilized for the provider directory and displayed to members. Hospital affiliations are frequently inaccurately reflected on the CAQH, it is important to maintain accuracy of this information so members can easily identify where they may receive care from you. Please confirm the accuracy of the hospitals listed on your CAQH and reattest to finalize any changes made.

Tips & Tricks –

Telehealth Part 1



What is Telehealth?

Telehealth – sometimes called telemedicine – is the use of electronic information and telecommunication technologies to provide care when you have an encounter with your patient and you are not in the same place at the same time. The Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) defines telehealth as “the use of electronic information and telecommunications technologies to support and promote long-distance clinical health care, patient and professional health-related education, and public health and health administration. Technologies include videoconferencing, the internet, store and forward imaging, streaming media, and landline and wireless communications.”

The Medicare AWW codes (G0438 and G0439) are on the list of approved Medicare telemedicine services. **CMS states that self-reported vitals** may be used when a beneficiary is at home and has access to the types of equipment they would need to self-report vitals. The visit must also meet all other requirements.

POS (place of service) 02

Modifier to be appended:
95 - The **95 modifier** is defined as “synchronous telemedicine service rendered via a real-time audio and video telecommunications system.”

In other words, this is a way to describe a Telehealth session.

CMS Warns Providers to Bill Correctly

In mid-April, CMS sent out a **Medicare Learning Network (MLN) Connects Newsletter** with a reminder to providers to bill correctly for telehealth services. In the short section in their newsletter, CMS cites a 2018 Office of

Inspector General (OIG) report that found that there was a significant amount of telehealth claims that were improperly paid, and thus not billed correctly. As the OIG is currently conducting several audits on telehealth, it is possible that they may come to a similar conclusion again. The section also refers providers to several resources to ensure they are billing correctly, including the:

- [Telehealth Services MLN booklet](#)
- [Medicare Claims Processing Manual](#)
- [Telehealth Payment Eligibility Analyzer](#)
- [List of Covered Telehealth Services](#)

For policies specific to the public health emergency (PHE), CCHP also recommends providers review the CMS resources listed in the Federal COVID-19 section in **CCHP's Policy Finder**, as there are several telehealth flexibilities currently in place as a result of the PHE.

As always, the **most specific documentation** in order to code appropriately is very important.

Contact Us:

Health Choice Arizona Risk Adjustment Department
410 North 44th Street, Suite 900
Phoenix, AZ. 85008

480-968-6866 ext. 5034

Email: hchperformanceimprovement@healthchoiceaz.com

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.

