

PROVIDER NEWSLETTER

SEPTEMBER 2019



What's New!

Sorry we missed you in August! We have lots of updates to share!

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.

Keep talking, we're listening! In a recent survey, Steward Health Choice scored #1 in 3 of the 6 questions answered by our providers. We thank you in advance for your time and valuable feedback.

Steward Health Choice Arizona Prior Authorization Revisions

Effective 10/01/2019 Steward Health Choice Arizona has removed Prior Authorization (PA) requirements for the following:

- Bariatric
 - Consults and follow up visits no longer require PA
- Chiropractic Services
 - Members under 21 no longer require PA
 - Members over 21 chiropractic is not a covered benefit

- Podiatry
 - Consults and follow up visits no longer require PA
 - Routine foot care and minor procedures no longer require PA. Refer to the PA grid for all other podiatry procedures that do require PA.

Thank you for your continued commitment in serving our members and ensuring the provision of quality care.

Q3 All Provider Forum

Steward Health Choice is working hard to streamline your access to important information. We have continued to make upgrades to our physical health provider portal for our Steward Health Choice Arizona and Steward Health Choice Generations-AZ lines of business. Come join us and let us share our progress with you, we look forward to seeing you there! We will present in person in Navajo County as follows:

NAVAJO – SHOW LOW
Wednesday September 18, 2019
11:30am - 1:00pm
Summit Healthcare – Conference Room #4
2200 E Show Low Lake Rd.
Show Low, AZ 85901

If you cannot attend in person, you can participate by joining us online: From your PC, Mac, Linux, iOS or Android: <https://zoom.us/j/3787608411> AND By calling: (669) 900-6833 or (646) 876-9923 Meeting ID #: 378 760 8411

Lunch will be served. If you plan to attend, either in person or online, please RSVP to Jadelyn Fields at Jadelyn.Fields@Steward.org with your name, office name and number of anticipated guests.

Star Light, Star Bright – Reaching for the Stars

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

Compliance – It's Everyone's Business

Incorrect Billing, Overpayments, and False Claims

Federal law requires health care providers to not only bill correctly but to also return monies that are determined to be an overpayment from government payers.

What is an overpayment? An overpayment refers to money that a health care provider receives to which the provider is not entitled. An overpayment can occur when the payer has paid for a service where:

- The individual receiving the service was not eligible to be covered by the payer (i.e., by Medicare or Medicaid)
- Another third-party payer was primary and should have paid for the service
- The service was not covered or medically necessary
- The provider billed incorrectly and was paid more than due for the service provided

To remain in compliance with federal and state requirements such as the False Claims Act, health care providers must be committed to accurate reimbursement and billing practices, and can do so by:

- Understanding the applicable coverage rules governing services rendered;

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- Recognizing the provider is ultimately responsible for the accuracy of any claim which is submitted for a service rendered; and
- Contacting appropriate billing personnel and/or compliance officer with any questions regarding proper coding or billing of claims.

Remember!

Any person with knowledge of billing errors which may have resulted in incorrect payment hold the responsibility to inform their manager so that claims may be corrected.

- If isolated, the error should be corrected as appropriate.

- If it appears to be an issue that impacts multiple patients, the concern should be escalated for further review.

If you have found that a billing error may have been caused by a systemic issue, alert your manager and/or compliance officer.

Steward Health Choice Arizona Dental Uniform Prior Authorization Revisions

We have been working closely with our Dental community in an effort to streamline and expedite prior authorization by minimizing the number of procedures requiring prior authorization.

Effective 10/01/2019 only the codes below will require Prior Authorization for Dental services.

| CPT CODE | DEFINITION | CPT CODE | DEFINITION |
|----------|---|----------|---|
| D1510 | space maintainer-fixed unilateral | D5224 | immediate mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) |
| D1516 | space maintainer - fixed – bilateral maxillary | D5282 | removable unilateral partial |
| D1517 | Space maintainer-fixed-bilateral mandibular | D8283 | denture - one piece cast metal (including clasps and teeth) maxillary |
| D1520 | space maintainer removable-unilateral | D8010 | limited orthodontic treatment of the primary dentition |
| D1526 | space maintainer removable-bilateral maxillary | D8020 | limited orthodontic treatment of the transitional dentition |
| D1527 | Space maintainer removable-bilateral mandibular | D8030 | limited orthodontic treatment of the adolescent dentition |
| D2740 | crown - porcelain/ ceramic substrate | D8040 | limited orthodontic treatment of the adult dentition |
| D2750 | crown - porcelain fused to high noble metal | D8050 | interceptive orthodontic treatment of the primary dentition |
| D2751 | crown - porcelain fused to predominantly base metal | D8060 | interceptive orthodontic treatment of the transitional dentition |
| D2752 | crown - porcelain fused to noble metal | D8070 | comprehensive orthodontic treatment of the transitional dentition |
| D2790 | crown - full cast high noble metal | D8080 | comprehensive orthodontic treatment of the adolescent dentition |
| D2791 | crown - full cast predominantly base metal | D8090 | comprehensive orthodontic treatment of the adult dentition |
| D2792 | crown - full cast noble metal | D8210 | removable appliance therapy (includes appliances for thumb sucking and tongue thrusting) |
| D2794 | crown - titanium | D8220 | fixed appliance therapy (includes appliances for thumb sucking and tongue thrusting) |
| D5110 | complete denture - maxillary | D8660 | pre-orthodontic treatment examination to monitor growth and development |
| D5120 | complete denture - mandibular | D8680 | orthodontic retention (removal of appliances) |
| D5130 | immediate denture - maxillary | D8690 | orthodontic treatment (alternative billing to a contract fee) |
| D5140 | immediate denture - mandibular | D8691 | repair of orthodontic appliance |
| D5211 | maxillary partial denture - resin base (including any conventional clasps, rests and teeth) | D8692 | replacement of lost or broken retainer |
| D5212 | mandibular partial denture - resin base (including any conventional clasps, rests and teeth) | D8693 | re-cement or re-bond fixed retainer |
| D5213 | maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) | D8694 | repair of fixed retainers, includes reattachment |
| D5214 | mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) | D8695 | removal of fixed orthodontic appliances for reasons other than completion of treatment |
| D5221 | immediate maxillary partial denture – resin base (including any conventional clasps, rests and teeth) | D8999 | D8999 unspecified orthodontic procedure, by report |
| D5222 | immediate mandibular partial denture – resin base (including any conventional clasps, rests and teeth) | D5223 | immediate maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) |

Please refer to the appropriate Dental Matrix for guidelines available online at <https://www.stewardhealthchoiceaz.com/providers/dental-matrix/> ■



Did You Know?

Care Coordination

Care Coordination bridges the gaps that often occur when members are receiving medical care. Health professionals are expected to work together when they're coordinating care to make sure that the member's needs are being met. Likewise, making sure that the organizational needs are being met that the family is on target with care coordination. Therefore, the major goals of the framework would be to providing successful Safe Quality care and that really means meeting the goals of the patient and filling the gaps and bridging that often occur. Having the tools to be able to look at a member's diversity their culture, their finances that is really the framework and looking at the setting before we decided how we're going to move forward in coordination care.

Ex: Getting and paying for the right care and treatments for children or adults who have special health care needs is immensely complicated. Families typically try to manage their child's care which include primary care, multiple specialist and outpatient therapies. They coordinate with school services navigate special education and investigate. A lot of families do all this in addition to managing the demands of day to day life with all these moving parts it make sense to bring everyone together and ensure that the child and family needs are being met by care coordination.

Have you completed? 2019 SHCG Annual Model of Care Training – Special Needs Plans

Steward Health Choice Generation's 2019 Annual MOC training is available online! Visit: <https://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*

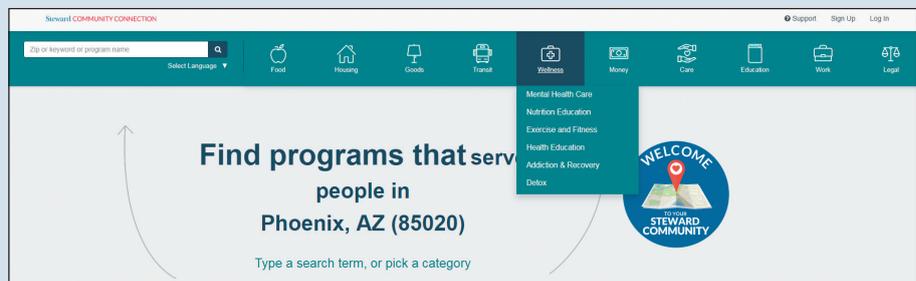
- Special Needs Plan (SNP) Model of Care (MOC) training is required initially and

Steward Community Connection

Providers have been raving about the ease of use and huge resource this service is for our members! Check it out today!

Steward Health Choice provides 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 our members need. There is a link available to the Steward Community Connection directly from within your Provider Portal! Or you can access directly at: www.stewardcommunityconnection.org



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.

Change in Paper Claims Mailing Address

Effective 8/15/19 all paper claims for Steward Health Choice Arizona and Steward Health Choice Generations will need to be sent to the following mailing address:

P.O. Box 52033
Phoenix, AZ 85072-2033

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

Change can be tough to navigate and we are here to help! The USPS will continue to forward mail to Steward for a period of 6 months. However, as to not delay your claims processing, please implement this change by the effective date of this notice. **All providers are recommended to submit claims/encounters electronically. Electronic billing ensures faster processing and payment of claims, eliminates the cost of sending paper claims, allows tracking of each claim/encounter sent, and minimizes clerical data entry errors.** ■

Oral Health Billing – Missed Dental Visits

Steward Health Choice is here to assist in getting our members preventive appointment scheduled. When our records note a gap in care our Member Outreach Team contacts the members to provide dental

health education and assist in making appointments. Should you have members fail to show for scheduled appointments, preventive or treatment, please fax the Steward Health Choice Dental Missed Appointment

log to 480-350-2217 and our team will take it from there! The Dental Missed Appointment log can be found on our SHCA website under Providers -> Provider Manual -> Exhibit 3.5.2. ■



Behavioral Health Corner

Steward Health Choice Arizona (SHCA) is the integrated health plan and Regional Behavioral Health Authority (RBHA) in Mohave, Yavapai, Coconino, Navajo, Apache, & Gila Counties. We ensure access to and are the payer for behavioral and physical health services for adults with Arizona Health Care Cost Containment System (AHCCCS) title XIX coverage and Serious Mental Illness (SMI).

Non-Registered ID – S03129368

Effective immediately, please start using the following “S” ID (S03129368) for all non-registered crisis services (SHCA). For those submitting electronically, Change Healthcare has updated their system to now accept this ID number. Should you have problems please email HCH.HCICClaim-sUnit@steward.org.

MHBG Claims – UB Modifier

The UB modifier announced in last month's newsletter has not yet been programmed into QNXT. We are waiting on guidance from AHCCCS before programming the changes.

State Only SED Members – UPDATE

There are still issues with identifying SED members. The 'Dugless' data for State Only members is not being received from AHCCCS. As a temporary fix please send CASII scores for State Only members to HCH.HCICFinanceReview@steward.org. Remember to qualify as SED a child must have a qualifying diagnosis and a CASII score of 4 or higher. The Grants Administrator from Steward will be reaching out to providers to collect comprehensive SED data so we can insure we are accepting all claims for SED members.

Recover Wellness Program – Preventive Health Care Services

The Recover Wellness Program at SHCA is dedicated in providing support to our high risk Northern Arizona members diagnosed with a serious mental illness (SMI). We use an integrated care management approach

to help ensure that our SHCA members with such illnesses as Schizophrenia, Bipolar Disorder, and Major Depression receive the physical and mental health services that allow them to lead safe and full lives.

Each month, we focus on a health topic that affects the SMI member population and provide educational information to health homes (integrated behavioral health clinics) and medical providers who deliver their mental and physical health care. Our partnership with physical and mental health care providers is crucial to helping our SMI members get the care they need. This month we are focusing on preventive health care services. Prevention is key to those living with mental illness due to higher rates of chronic and infectious diseases. Two preventive health care categories are especially important to highlight: immunizations and health screenings.

Immunizations:

Every year we encourage all of our members to get a no-cost immunization to protect them from the flu. We are especially concerned about our SMI population as their rates of influenza immunization are lower than the general population. There are other crucial immunizations that many members would benefit greatly from, such as the pneumococcal, meningococcal, and Hepatitis A vaccines. Please talk with all of your SMI patients about the immunizations that are most appropriate for them. You can access immunization patient flyers on our website under Providers -> Provider Education @ www.stewardhealthchoiceaz.com

Health Screenings:

Many of our SMI members have low rates of completing preventive screening tests. These include tests for colorectal cancer, chlamydia, and cervical cancer. In addition, a simple cholesterol test can help to identify the risk of potential heart problems and stroke. The CDC recommends that all adults have their cholesterol checked every 4 to 6 years. Those with a family history of heart disease should check their cholesterol more frequently. Please consider having your clinic reach out to your SMI patients who may need these tests and help them with scheduling.

Below is a list of recommendations for providers regarding preventive care for members with SMI:

- Educate your members to see their PCP regularly to follow up on any vaccinations or health screenings that may be

needed. Educate members to call our **24 Hour Nurse Assistance Line at 855-354-9006** for advice.

- Utilize online screening tools to find appropriate preventive health needs based on age, gender, and lifestyle.
- When appropriate, encourage members to receive the following prevention services:
 - **Tests and labs:** cholesterol, blood pressure, diabetes screening, Hep C
 - **Cancer screenings:** breast, cervical, colorectal and lung cancer
 - **STI/STD Screenings:** chlamydia, syphilis, HIV
 - **Regular check-ups:** annual wellness, well woman, dental, vision
 - **Vaccinations:** annual flu shot, pneumococcal, Hep A & B, HPV, meningitis
- Address myths surrounding prevention, including vaccinations.
- Correlate prevention education with monthly SHCA Disease Management events or national campaigns.
- Encourage lifestyle and behavior changes that can lead to healthier living through the prevention of illness.

Research suggests that integrating physical and behavioral health increases a patient's access to preventive services, improves health outcomes and decreases healthcare expenses. *Please encourage your SMI patients to maintain regular visits with their behavioral health providers.* The Recover Wellness team is available to talk with providers about how to help our shared members manage their health. You can contact us at: HCH.HCICICM@steward.org. Thank you for helping our members with SMI reach and maintain their health goals.

The Recover Wellness team is available to talk with providers about how to help our shared members manage and reduce their blood pressure. You can contact us at: HCH.HCICICM@steward.org. Thank you for helping our members with SMI reach and maintain their health goals. ■



Maternal and Child Health Corner

EPSDT Reminders

Your Role in Preventative Care

Please work with us to ensure each of your empaneled pediatric patients receive their well-child visit. The well-child visit serves to assist in the early identification of children with developmental delays, autism spectrum disorder, BH disorders, hearing, dental, vision, and nutritional deficits.

Our goal is to collectively provide access to preventative care and the coordination of integrated care services for at risk and high risk children.

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

The CM form can be found at the following link: <https://www.stewardhealthchoiceaz.com/wp-content/uploads/mdocs/Pediatric-NICU-Case-Management-Referral-Form.pdf>

EPSDT Tracking Forms:

Keep sending us your tracking forms for your Well Child Visits! Please submit EPSDT Tracking forms and EHR's directly to the EPSDT department, either by email or fax. It is not necessary to attach tracking forms to claims submissions.

Email: HCH.EPSDTCHEC@steward.org
Fax: (480) 760-4716

Verbal and Blood Lead Screening

Blood lead screening is now required for all children in Arizona at 12 and 24 months of age. Children ages 36 to 72 months should be tested if they have not been previously tested. In addition, please make verbal lead screening a part of your normal well child checks.

BMI Screening and Education

A BMI Screening is required at well child checks. We at Steward Health Choice are supporting our pediatric members who may be overweight or underweight. We identified families who are not sure what their child's high or low BMI means or whether they should be concerned. We need your assistance in reviewing this score with your families and helping them understand how they can help their child be as healthy as possible.

Immunizations:

Vaccines are important for your patients! Be sure they are aware serious disease is still out there and adhering to an immunization schedule provides the best protection. Please work with us to keep your patients on schedule and report immunizations to ASIIS.

Maternal Reminders

Postpartum Visit

You can be paid separately from the OB package for your postpartum follow up with a member. Please schedule members for their postpartum visits on or between

21 to 56 days after delivery. You can submit a claim for this visit. Please contact your Provider Performance Representative with questions.

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.

Syphilis Outbreak continues in Arizona!

Please increase your member screenings. Steward Health Choice Arizona covers all member screenings. Members are not required to be on the list of recommended populations to have their screening covered.

Codes are: 86592, 86593, 86780, 87166.

Current recommendations include:

1. All pregnant women at first prenatal visit, early in the third trimester, and at delivery, regardless of risk
2. Opt-out screening in both men and women who use hard drugs
3. Sexually active men who have sex with men, testing annually and every 3-6 months if at increased risk
4. Sexually active, persons with HIV, testing at least annually and every 3-6 months if at increased risk

Please help us support our population during this outbreak by performing screenings. ■



Tips & Tricks – EMR Documentation Errors

Some of the more common electronic medical record errors seen are easily fixable with a little knowledge and care as listed below. These can be addressed by the rendering provider without involving an outside IT source.

- No Chief Complaint- This must be clearly documented to establish medical necessity. Simply using "follow up" is not a chief complaint, the reason for the visit should be stated.
- No ROS- This is important to establish there are no contraindications to treatment. Without this, the service could become a level one determination.
- Information Carried Forward from Visit to Visit- Carrying information forward leads to inaccuracies and errors. Examination findings one day may not be the same on a subsequent visit and thus would appear as the findings for that day. Additionally, continuing to add diagnoses to a chart can increase the length of the chart making it harder to decipher.
- Recording Only the Positive Findings- A ruled out diagnosis can have significant impact but often does not get into the medical record.
- Only Listing the Diagnosis in the Assessment- This portion of the note indicates the conditions addressed during the visit but should also include the provider's judgement and rationale for treatment. Addressing each diagnosis with a status and plan will provide the thought process for the evaluation of the patient's progress.
- Utilizing the Same List of Diagnoses for Every Patient- Using a superbill or quick pick list will limit the specificity of the diagnosis and may not represent the true condition. Avoid using favorite codes as not one code applies to all patients.

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- Conflicting Areas of the Note– The exam portion may say a condition is within normal range while the assessment may state it is out of control or even amputated.
 - Mixed Messages from Dictations– Common mistakes are “he” instead of “she”, “hypo” instead of “hyper”, these can be caught by a review or a diligent coder.
- Things to improve the EMR:**
- Avoid Copy and Paste Carelessness
 - Avoid “unspecified” and “NOS” when possible
 - Always have a proper “Chief Complaint” outlining the reason for the visit
 - Improve progress notes with the words “due to” or “manifested by”
 - Update problem lists with each visit, a CVA is not a current problem on a subsequent visit
- The use of medical scribes can reduce a physician’s time spent on paperwork
 - Perform independent audits to assess compliance
 - Only use standard medical abbreviations
 - Have an organized note from the chief complaint to the plan
 - Clearly define the conditions being treated
 - Specify the acuity of the disease as acute or chronic
 - Each note should be signed, completed and locked within a timely manner
 - Review final note for possible contradictions
 - Only code conditions treated or assessed on the DOS.

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. ■



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! More information about the history of member claims for vision and dental has been added to the ‘Home’ screen.
- We heard you! We have added capability for Provider Demographic Summary. Submit PDM requests to add new/terminate providers or locations.
- We heard you! We added data from the claim status tab that shows check tracer information (cached/not cached).
- We heard you! We are working closely with your team to streamline and expedite

prior authorization by minimizing the number of procedures requiring prior authorization. Many of the items on our abbreviated prior authorization list ask for notification only.

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!

<https://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.

Additional Provider Resources

Steward Health Choice Arizona:
www.stewardhealthchoiceaz.com/

Steward Health Choice Generations:
www.stewardhcgenerations.org/az/

Provider Services call center:
1-800-322-8670
Open Monday-Friday 6:00AM-6:00PM ■



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