Provider Review

Volume 6 Issue 2 2017

Comprehensive Medical & Dental Program

Opioid Prescribing for Dental Offices

The national opioid crisis has caused Governor Ducey to issue an Executive Order (2016-06) effecting the prescribing of opioids to patients. AHCCCS in response has updated their policy on opioid prescription to comply with the Executive Order.

The Centers for Disease Control and Prevention state that drug overdose deaths and opioid-involved deaths continue to increase in the United States. The majority of drug overdose deaths (more than six out of ten) involve an opioid. Since 1999, the number of overdose deaths involving opioids (including prescription opioids and heroin) quadrupled. From 2000 to 2015 more than half a million people died from drug overdoses. 91 Americans die every day from an opioid overdose.

Overdoses from prescription opioids are a driving factor in the 15-year increase in opioid overdose deaths. Since 1999, the amount of prescription opioids sold in the U.S. nearly quadrupled, yet there has not been an overall change in the amount of pain that Americans report. Deaths from prescription opioid drugs like oxycodone, hydrocodone, and methadone have also more than quadrupled since 1999.

The American Academy of Pediatric Dentistry (AAPD) recognizes that substance abuse in adolescents is a significant health, social, and familial issue in the United States. The increasing prevalence of substance abuse among adolescents obligates dental personnel to identify behaviors characteristic of active use, recognize clinical signs and symptoms of active use or withdrawal, modify dental treatment accordingly, and facilitate referral to medical providers or behavioral addiction specialists.

Many physical, social, and behavioral changes occur during the adolescent years. The developing adolescent may encounter difficulties and pressures without effective coping skills or maturity. Unfortunately, some teenagers do not have familial, peer, or other support systems to provide help and guidance in adjusting to changes or with decision making. As a result, they may turn to alcohol or drugs to seek comfort and reduce the stresses associated with this erratic time in their lives.

Regrettably children we encounter may fall into this category with many not having had the best oral care, presenting with unique challenges to manage their pain. Traditional treatments utilize narcotics as a form of pain control. In light of the negative potential associated with narcotics alternative treatment should be considered.

The Food and Drug administration as of April 20, 2017 has now listed codeine and tramadol to be *Contraindicated* on anyone under the age of 12 as well as in children younger than 18 years to treat pain after surgery to remove the tonsils and or adenoids. A new *Warning* has been added to the drug labels of codeine and tramadol to recommend against their use in adolescents between 12 and 18 years who are obese or have conditions such as obstructive sleep apnea or severe lung disease, which may increase the risk of serious breathing problems.

This leaves practitioners to examine other modalities for pain control. Use of non-pharmacologic strategies such as ice, heat and elevation along with non opioid pharmacologic strategies in which combining NSAIDs with acetaminophen to reduce the pain experience has been shown to provide a greater analgesic effect than the single agent alone.

With the potential for adverse outcome and abuse, minimizing the exposure to opioid drugs to those patients at high risk is best practice for all parties involved.

Inside this issue:

Arizona's Opioid Epidemic

Sara Park MD FAAP, CMO

Arizona is not alone when it comes to the issue of opioid use and overuse. The US has the highest rate of prescription pain medication consumption globally. We account for almost 100% of the world total for hydrocodone and 81% for oxycodone. The opioid consumption in the US is only second to Canada, and stands at 484 Morphine equivalence mg per capita.

As physicians it is our duty to do no harm. Addressing the use of opioids is no exception.

The approach to this issue can be separated into 4 categories:

1. Prevention
2. Education
3. Treatment
4. Preventing deaths

We have an obligation to address all 4 of these categories by:

1. Discussing with families and patient the issue of access to opioids and thoughtful pain management
2. Education on the risk of addiction and safe storage of medication (caregivers' pain meds)
3. Treatment for substance use
4. Prescribing Naloxone

While there is recognition of the opioid addiction epidemic, adolescents often are overlooked as among those abusing these drugs.

Research shows that less than 12% of adolescents with symptoms of abuse or dependence of prescription opioids receive any treatment.

Providers are increasingly being confronted with adolescents and opioids, whether from an injury or misuse of a prescribed pain medicine, and the rates of addiction and overdose are growing.

The American Academy of Pediatrics in coalition with the American Academy of Addiction Psychiatry, American College of Physicians, American Dental Association, the American Medical Association and others, have formed two clinical support systems that give clinicians

- Direct access to experts who can answer questions in a timely basis on the safe and evidence based use of opioids for the treatment of pain and how to identify patients at risk for addiction.
- CME credits for online modules and webinars ***at no cost to health professionals***.

These two clinical support systems are *Providers Clinical Support System for Opioid Therapies (PCSS -O)* and *Providers Clinical Support System for Medication Assisted Treatment (PCSS-MAT)*

- **PCSS-O:** peer-to-peer colleague support program to aid providers in appropriately prescribing opioids for pain and treating opioid use disorder
- **PCSS-MAT**: mentoring program to assist providers in learning more about possible medications for the treatment of opioid-addicted patients in their practices.

For more information please visit www.pcssmat.org or www.pcss-or.org

Arizona's Opioid Epidemic Continued...
Sara Park MD FAAP, CMO

Other Opioid Prescribing resources that offer CME as well include

- U of A free CME on Pain management and safe opioid prescribing CME which can be found at https://www.vlh.com/azprescribing/
- The Substance Abuse and Mental Health Administration (SAMHSA) also has several courses that may be helpful

The following are sponsors of SAMHSA-supported CME courses on prescribing opioids for chronic pain (courses may require registration):

- The American Academy of Addiction Psychiatry (AAAP) provides a number of CME opportunities for MAT professionals seeking training on prescribing opioids for chronic pain.
- The American Society of Addiction Medicine (ASAM) sponsors a number of prescribing courses for MAT services providers. ASAM's education website offers more than 300 hours of CME learning through live and online instruction.
- Prescribe to Prevent at OpioidPrescribing.com
- The Division of Pharmacologic Therapies (DPT), part of the SAMHSA Center for Substance Abuse Treatment (CSAT), also provides buprenorphine training for physicians.
- In addition, the Addiction Technology Transfer Center (ATTC) Network (funded by SAMHSA) has a training and events calendar to help you stay abreast of future prescription courses.

For more information about SAMHSA-supported opioid prescribing courses, contact the following SAMHSA representative by telephone, mail, or email:

Anthony Campbell
Medical Officer, CSAT/DPT
SAMHSA Division of Pharmacologic Therapies
240-276-2702
Tony.campbell@samhsa.hhs.gov (link sends e-mail)
Contact SAMHSA.

Sources:

National institute on Drug Abuse, America's Addiction to Opioids: Heroin and Prescription Drug Abuse May 14, 2014 https://www.drugabuse.gov/about-nida/legislative-activities/testimony-to-congress/2016/americas-addiction-to-opioids-heroin-prescription-drug-abuse

University of Wisconsin- Madison, pain & Policy Studies Group, Opioid Consumption Maps- ME minus Methadone, mg/capita, 2015 https://ppsg.medicine.wisc.edu/

Provider Profile Updates

The health Insurance Portability and Accountability Act of 1996 (HIPPA) mandated the adoption of standard unique identifiers for health care providers and health plans. The Centers for Medicare & Medicaid Services (CMS) developed the **National Plan and Provider Enumeration System (NPPES)** to assign these unique identifiers. This is your NPI number. Your NPI number is associated with your demographic and specialty information.

The accuracy of your demographic information and provider specialty is important for reimbursement and the coverage of services that you provide to members.

Please make sure your NPI provider profile is up to date by going to https://nppes.cms.hhs.gov/NPPES/Welcome.do. You will be able to view and update your Nation Provider Identifier (NPI) record.

Resources for Clinicians Caring for Children and Youth in Foster Care

Many children and youth in foster care have special health care needs. Healthy Foster Care America, an initiative of the American-Academy of Pediatrics, developed resources and materials to help clinicians advocate and care for children and youth in foster care. Resources include customizable practice-based forms for patients, connections with experts in the field, a comprehensive resource library, information on billing and coding, and much more. These resources can be found at:
https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/healthy-foster-care-america/Pages/default.aspx

Source: American Academy of Pediatrics, Council on Children with Disabilities

TB Testing

Although the incidence of tuberculosis may be low, children in out-of-home (foster) care are at higher risk of tuberculosis exposure.

Children in out-of-home care, may have been exposed to or live in high risk congregate settings such as correctional facilities, group home & homeless shelters.

They should be screened with the placement of a purified protein derivative (PPD). The reading and interpretation of TST reactions should be conducted within 48 to 72 hours of PPD placement.

EPSDT recommends screening for tuberculosis beginning at the 12 month well check. If a child has never had a PPD consider placement of the PPD in addition to the verbal screening of tuberculosis.

Resources
CDC- Latent Tuberculosis infection: A Guide for Primary Health Care Providers
https://www.cdc.gov/tb/publications/ltbi/

For resources on Management of Latent Tuberculosis in children and adolescents, please visit
http://globaltb.njms.rutgers.edu/downloads/products/PediatricGuidelines%20(Screen).pdf

Sources:
From the American Academy of Pediatrics
Technical Report **Health Care Issues for Children and Adolescents in Foster Care and Kinship Care**
Moira A. Szilagyi, David S. Rosen, David Rubin, Sarah Zlotnik, the COUNCIL ON FOSTER CARE, ADOPTION, AND KINSHIP CARE, the COMMITTEE ON ADOLESCENCE and the COUNCIL ON EARLY CHILDHOOD
Pediatrics
October 2015, VOLUME 136 / ISSUE 4

CDC: Latent Tuberculosis Infection: A Guide for Primary Health Care Providers
https://www.cdc.gov/tb/publications/ltbi/diagnosis.htm#TST

Arizona State Immunization Information System (ASIIS)

ASIIS is an immunization registry designed to capture immunization data on individuals within the state. Providers are mandated by law to report all immunizations administered to children 18 years of age and younger to the state's health department. The registry serves as a receptacle for accommodating these reported data. In this capacity, the registry then provides a valuable tool for the management and reporting of immunization information to public health professionals, private and public healthcare providers, parents, guardians and other child care personnel.

Under Arizona Revised Statute (ARS) §36-135 and Arizona Administrative Code (AAC) R9-6-706 and 707, children 18 years of age and younger are required to receive certain vaccines to enter childcare facilities and/or schools, and all healthcare professionals administering immunizations to children must report those immunization to the registry.

Goals and Objectives of ASIIS

- To capture 100% of the vaccinations provided to children within the State.
- To promote efforts to ensure that 95% of all children within the state who are under six years of age are participating in the registry and have at least one immunization event on record.
- To provide all registered ASIIS providers with access to data stored in the registry, thus allowing them to query the registry for current and historical patient immunization records.
- To ensure that healthcare professionals administering immunizations are reporting to the ASIIS registry in a regular and timely manner.

How Can Your Office Meet The ASIIS Requirements?

- By computer, using the free ASIIS Web Application
- By paper, using a paper reporting form. The completed form can be mailed to the ASIIS office.
- By sending data exports from your patient management/billing system.
- By training your staff when and how to report immunizations into ASIIS.

The Arizona Department of Health Services (ADHS) is ready to help you set up an immunization reporting system that meets the needs of your office. They can also provide guidance and training. For assistance please call:

Technical Support 602-364-3899 (Local) or 1-877-491-5741 (Toll Free)

Information provided by ADHS ASIIS website

FDA Alerts, Recalls and Black Box Warnings Jan-April 2017

January- None

February- None

March- None

April

*Mylan and Meridian Medical Technologies voluntarily recalled 13 lots of EpiPen and EpiPen Jr (epinephrine injection), 0.3 mg and 0.15 mg strengths. The recall is being conducted due to the potential that these devices may contain a defective part that may result in the device being difficult to activate in an emergency (failure to activate or increased force needed to activate) and have significant health consequences for a patient experiencing a life-threatening allergic reaction (anaphylaxis). Specific lot numbers between the dates of December 2015 and July 2016 are involved.

For further information on the FDA Recall, please follow this link:

- **https://www.fda.gov/Safety/Recalls/ucm550173.htm**

CMDP has received a list of affected members. A letter has been sent to the DCS Specialist and the prescribing provider. The DCS Specialist is being asked to respond back to CMDP, once the placement has been notified. MedImpact identified 251 distinct members by 198 providers prescribing the medication. 103 members were termed from CMDP.

*GlaxoSmithKline voluntarily recalled 3 lots (approximately 600,000 units) of Ventolin HFA 200D inhalers due to a defective delivery system that may cause the inhaler to deliver fewer doses than indicated on the inhaler's dose counter. The recall has been initiated by the company following numerous consumer complaints and has been classified as a Class II recall by the FDA. The recall affects asthma inhalers from hospitals, pharmacies, retailers, and wholesalers. At this time there have not been any adverse events reported and the defect does not pose a serious health risk to the patient. However, since the canister is releasing fewer doses, this may cause patients to run out of medication and need a refill sooner than expected.

This was not a consumer level recall, and patients are not being told to return the inhalers they have already purchased to the pharmacy.

For further information on this recall, please follow this link:

- **https://www.accessdata.fda.gov/scripts/ires/index.cfm#Product_154371**

CMDP nurses should be prepared to authorize "refill too soon" for members affected by this lot recall.

*C. O. Truxton voluntarily recalled one lot of phenobarbital 15mg tablets, USP, 1000 count bottles due to the potential for labeling error and incorrect tablet strength. The recall has been initiated by the company to the consumer/user level following a single customer complaint of one bottle from this lot containing incorrect tablet strength (phenobarbital 30mg tablets). Using the affected product could lead to higher exposure to phenobarbital than intended, and could lead to adverse effects and severe intoxication.

MedImpact confirmed that the affected lot has not been dispensed to any members.

For additional information regarding the recall, please refer to the FDA safety alert at:

- **https://www.fda.gov/Safety/MedWatch/SafetyInformation/SafetyAlertsforHumanMedicalProducts/ucm554358.htm?source=govdelivery&utm_medium=email&utm_source=govdelivery**

Parent's Evaluation of Developmental Status (PEDS)

About 16% of children have developmental or behavioral disabilities, however less than one-third of these children are detected by their primary care providers. This may be in part due to the use of informal milestones checklists and not the use of standardized screening tools.

Participation in early intervention programs have proven value in reducing high school drop-out rates, increasing employment, delaying child-bearing and reducing criminal behavior, however only half of all children with disabilities are identified before school entrance.

Research shows that parents' concerns are as accurate as quality screening tests and those parents are equally able to raise important concerns regardless of differences in education and child-rearing experience. Parents' concerns can be elicited quickly and 92% of parents can answer questions in writing while in exam or waiting rooms. Unlike screening tests, use of parents' concerns facilitates an evidenced-based approach to comprehensive surveillance and aids in making a range of other important decisions about children's developmental and behavioral needs.

PEDS Tool is a method for detecting and addressing developmental and behavioral problems. It is used for screening children birth through 8 years of age. **Advantages of the PEDS Tool are:**

- there are only 10 questions which elicit parents' concerns and is written at the 5th grade level
- it takes about 5 minutes for parents to complete and only 1-2 minutes to score
- it is available in multiple languages
- it sorts children's risk of developmental or behavioral problems into high, moderate, or low
- it is evidence-based with a Sensitivity of 74% - 79%, and a Specificity of 70% – 80%.

For CMDP members only, the tool may be used to screen all infants and children (up to the age of 8), because all CMDP members are considered at-risk and/or identified as having developmental delays. These children may be screened at each EPSDT visit. The PEDS Tool may be obtained from www.pedstest.com or www.forepath.org

Providers can utilize an on-line PEDS Tool training session provided by the Arizona Chapter of the American Academy of Pediatrics (AzAAP) at https://azpedialearning.org/test1.asp

CMDP requirements for reimbursement of the PEDS Tool are as follows:

- The provider must be trained in the administration and scoring of the Tool,
- Copies of the PEDS Tool Score and Interpretation forms must be submitted with the EPSDT tracking form and CMS 1500 claim form, and
- Must use the CPT 96110 with an "EP" modifier.

For questions, please contact Provider Services at (602) 351-2245 or (800) 201-1795.

1 Kyle B. Brothers, Frances Page Glascoe and Nicholas S. Robertshaw. *Clinical Pediatrics*. 2008; 47; 271 - 279
2 Glascoe FP. *Child Care Health Dev*. 2000 Mar;26(2):137-4

Autism Resources

Diagnosing Autism Spectrum Disorder (ASD) can be challenging.

The diagnosis is typically 2 fold

1. Developmental Screening
2. Comprehensive Diagnostic Evaluation

Developmental screening specifically for ASD with a screening tool, such as the MCHAT, should occur at the18 and 24 month well check. Additional screening may be needed if the child is at high risk (a family history of ASD or behaviors associated with ASD).

(Resources for provider training of developmental screening tools can be found at http://www.azaap.org/Training_Certification/?blockId=12&no_redirect=true#MCHAT)

Any concerns on the screening may warrant a comprehensive diagnostic evaluation. These evaluations are typically done by a Developmental Pediatrician, Child neurologist or Child Psychologist.

Children who have the ASD can qualify for DDD if they have substantial functional limitations. To qualify for DDD the child has to have a comprehensive evaluation that satisfies the criteria set by DDD. These criteria can be found in section 200-G of the DDD Eligibility Manual located at https://des.az.gov/sites/default/files/200-Requirements-for-Division-Eligibility.pdf

Some of the criteria include-

The comprehensive evaluation must be conducted by a psychiatrist, licensed psychologist, child neurologist or developmental pediatrician. The Documentation must include consideration of

1. Other neurodevelopmental, mental and physical conditions
2. Significant disorders related to language or language differences
3. Physical factors – such as sensor or motor impairments, acute or chronic illness and chronic pain
4. Educational and/or environmental deprivation
5. Situational factors at the time of the evaluation
6. If psychologic testing is done, the test must be developmentally appropriate
7. The diagnostic features must have been evident during developmental stages, and documented

AND

Must fulfill criteria of substantial functional limitations in 3 of the areas of:

1. Self Care
2. Receptive or Expressive language
3. Learning
4. Mobility
5. Self Direction
6. Capacity for independent living
7. Economic self sufficiency

In addition to diagnostic services that can be provided by Developmental Pediatricians, the Regional Behavioral Health Authorities have several resources that can be utilized to make the diagnosis and provide services to children with ASD. Currently, Autism treatment is a Behavioral Health Benefit.

A list of Providers who can diagnose ASD and resources can be found at the links below:
https://barrow.phoenixchildrens.org/programs-services/autism
https://www.mercymaricopa.org/assets/pdf/members/directories-guides/AutismSpectrumDisorderProviders.pdf
http://www.healthchoiceintegratedcare.com/wp-content/uploads/2015/07/HCIC-ASD-Providers.pdf
https://www.cenpaticointegratedcareaz.com/content/dam/centene/cenpaticoaz/Provider%20Forms%2C%20Attachments%2C%20and%20Deliverables/PMA_3-3-2.pdf
http://www.uhccommunityplan.com/content/dam/communityplan/plandocuments/findaprovider/AZ_Autism_Spectrum_Disorder.pdf

Resources for accessing ASD Specialized Services can be found at
https://www.azahcccs.gov/shared/asd.html

Toxic Stress and Trauma Informed Care – *W hat are they?*

Trauma Informed Care Newsletter series

Toxic Stress and Trauma Informed Care are buzz words in the behavioral healthcare community. The AAP Trauma Guide defines Toxic Stress and Trauma Informed Care with key tips and tools for pediatricians and caregivers to identify needs and advocate for Behavioral Health services.

Toxic Stress is pr olonged exposur e to sever e str essor s. Such exper iences cr eate long-term effects to a child's baseline stress response system and impacts the structural development of the brain and interactions of body systems. Toxic Stress often leads to lifestyle choices contributing to poor health outcomes including:

- Substance Use Disorders
- Chronic Obstructive Pulmonary Disease
- Fetal Death
- Ischemic Heart Disease
- Liver Disease

Trauma Informed Care is a set of skills to name and r educe Toxic Str ess for a child and car egiver s thr ough education and advocacy. Many practitioners already incorporate Trauma Informed Care in their patient interactions. Trauma Informed Care includes:

- Identify Toxic Stress effects on physical health
- Identify Trauma Response behaviors
- Explaining the "why" of recommendations and treatments
- Providing treatment options whenever possible
- Normalize the body's Trauma Responses
- Honor cultural values
- Considering the whole person – body, mind, heart and spirit.
- **Ask "what happened" not "what is wrong"**
- Support Caregiver with referrals and self-advocacy resources

One essential intervention to reduce Toxic Stress is referral to Behavioral Health Services. Please inform caregivers of medical information which may enhance effectiveness of Behavioral Health services. If caregivers state they are not yet benefiting from behavioral services, please provide these key contacts to caregiver:

Mercy Maricopa Integrated Care
Maricopa County and Pinal zip codes 85120, 85140, 85143, 85220, 85240, 85243
Children's Liaison: 480-751-8471
Member Services: 1-800-564-5465
DCS@mercymaricopa.org

Cenpatico Integrated Care
Cochise, Graham, Greenlee, La Paz, Pima, Pinal, Santa Cruz and Yuma
Children's Liaison: 520-809-6432
Member Services: 1-844-365-3144
DCS@cenpatico.com

Health Choice Integrated Care
Apache, Coconino, Gila, Mohave, Navajo & Yavapai
Children's Liaison: 928-214-2370
Member Services: 1-800-640-2123
DCS@iasishealthcare.com

UnitedHealthcare Community Plan CRS
Statewide for children with qualifying CRS medical condition
Children's Liaison: 602-255-1692
Member Services: 1-800-348-4058
CRS_specialneeds@uhc.com

AHCCCS Customer Service: 602-364-4558 or 1-800-867-5808 or DCS@azahcccs.gov

Bright MA, PhD., Thompson L,M.D.M.S., Esernio-Jenssen D, Alford S, M.P.H., Shenkman E, PhD. Primary care pediatricians' perceived prevalence and surveillance of adverse childhood experiences in low-income children. *J Health Care Poor Underserved*. 2015;26(3):686-700.

American Academy of Pediatrics, ProQuest Ebooks. *Pediatric Clinical Practice Guidelines & Policies: A Compendium of Evidence-Based Research for Pediatric Practice.* Fourteenth;14;14th; ed. Elk Grove Village, Illinois: American Academy of Pediatrics; 2014.
Felitti VJ, Anda RF, Nordenberg D, et al. Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults. *A merican Journal of Preventive Medicine*. 1998;14:245-258.

Forkey H, Garner A, Nalven L, et al. American Academy of Pediatrics, *Helping Foster and A doptive Families Cope with Trauma.* https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/healthy-foster-care-america/Documents/Guide.pdf Accessed May 16, 2017.

Billing CMDP Members for Services Rendered

Under most circumstances CMDP caregivers and members are not responsible for any medical or dental bills incurred for the provision of medically necessary covered services.

AHCCCS registered providers shall not request or collect payment from, refer to a collection agency, or report to a credit reporting agency an eligible person or a person claiming to be an eligible person in accordance with Arizona Administrative Code R9-22-702.

Civil penalties may be assessed to any provider who fails to comply with these regulations.

Providers who have questions regarding exceptions to this rule are encouraged to contact the CMDP Provider Services unit at 602-351-2245 for clarification.

Changes are Here!

CMDP has put a couple of changes from AHCCCS into place.

Differential Payments

Differential Payments are to distinguish providers that have committed to supporting designated actions that improve patients care experience, improve members' health, and reduce cost of care growth.
Effective dates of service are 10/1/16–9/30/17. This will affect qualifying hospitals and Nursing Facilities along with Integrated Clinics.

Three new Provider Types

Board Certified Behavior Analysts (BCBA) is a new provider type which will be effective 10/1/16.

Free Standing ED's (FrEDs) are relatively new to Arizona. Freestanding outpatient treatment centers are subclasses of outpatient treatment centers. The new provider type is effective 3/1/2017, with all registration paperwork submitted to AHCCCS by 10/1/16.

The Treat and Refer Provider Type has been created for a healthcare event with a member who has accessed 9-1-1 or a similar emergency number, but whose illness or injury does not require ambulance transport to an ED. The purpose of this new provider type is to recognize EMS agencies that demonstrate optimal patient safety and quality of care by matching treatment, transport, and care destination options to the needs of members via payments for Treat and Refer services. This new provider type will be effective soon, AHCCCS has not verified an effective date.

Please direct any questions to Rachel Kiesecker at 602-771-3675.

Claims Modernization

EFT

Health care and dental providers *who currently receive* Electronic Funds Transfer (EFT) from other Arizona State agencies besides the Comprehensive Medical and Dental Program (CMDP) are eligible to begin receiving EFT from CMDP as well, starting in 2017.
Providers *who are not yet receiving* EFT but are currently receiving paper warrants from Arizona State agencies and wish to sign up for EFT, also known as Automated Clearing House (ACH) payments, may use the following link to contact the Arizona Department of Administration, General Accounting Office (GAO):
https://gao.az.gov/sites/default/files/GAO-618-030812.pdf
Completed ACH request forms must be sent directly to GAO at the address provided and must be original signatures (not copies).

Please direct any questions to Wayne Binnicker at 602-771-3687.

EDI

CMDP is actively trading data with the following clearinghouses:

Dental Exchange Emdeon Gateway HEW

What clearinghouse does your office use to bill electronic claims? Please let us know at CMDPClaims@azdes.gov. If you or your clearinghouse would like to register with CMDP, please visit our website https://www.azdes.gov/cmdp/
or call our Provider Services Representative, Tammy Tomasino at 602-364-0748
to become a Trading Partner today!

CMDP ID Cards

Each CMDP member is provided a health plan identification (ID) card. Providers should request to see the member's CMDP ID card each time a member presents themselves for services.

The CMDP ID card has a unique identifying number assigned by CMDP, and is found on the members ID card. This number starts with 00. The CMDP ID number is not the same as the AHCCCS ID number. Make a copy of the member's CMDP ID card to ensure use of the correct ID number at future visits.

A caregiver may present a Notice to Provider form, in lieu of a CMDP ID card. If the member does not have his/her ID card available at the time of service they should never be denied treatment.

Please call CMDP Member Services during standard business hours at 602-351-2245 or 1-800-201-1795 to verify eligibility and enrollment.

You can also get more information from the Provider Manual, which is available on the CMDP website at https://dcs.az.gov/services/cmdp/comprehensive-medical-and-dental-program-cmdp-provider-manual. If you would like to receive a hard copy please contact CMDP Provider Services

Language Line

Today more than ever the use of many different languages including sign language for hearing impairment are prevalent. This may cause a cultural isolation barrier between a patient and their healthcare professional. Communication is crucial for the patient-doctor relationship.

CMDP offers Language Line Services to help members and caregivers to communicate with healthcare providers. Interpretation is available to CMDP members in over 140 languages either by phone or written translation.

If you believe a CMDP member or caregiver may be in need of translation services please feel free to direct them to the CMDP Member Services department. CMDP cannot ensure the availability of services therefore we ask that members provide at least one week advanced notice. However, CMDP will make every effort possible to arrange services regardless of the notification timeframe.

Benefits of Cultural Competence

Cultural competence in a hospital or care system produces numerous benefits for the organization, patients, and community. Organizations that are culturally competent have improved health outcomes, increased respect and mutual understanding from patients, and increased participation from the local community. Additionally, organizations that are culturally competent may have lower costs and fewer care disparities.

Social Benefits

- Increases mutual respect and understanding between patient and organization
- Increases trust
- Promotes inclusion of all community members
- Increases community participation and involvement in health issues
- Assists patients and families in their care
- Promotes patient and family responsibilities for health

Health Benefits

- Improves patient data collection
- Increases preventive care by patients
- Reduces care disparities in the patient population
- Increases cost savings from a reduction in medical errors, number of treatments and legal costs
- Reduces the number of missed medical visits

Business Benefits

- Incorporates different perspectives, ideas and strategies into the decision-making process
- Decreases barriers that slow progress
- Moves toward meeting legal and regulatory guidelines
- Improves efficiency of care services
- Increases the market share of the organization

Source: American Hospital Association, 2013.

Health Research & Educational Trust. (2013, June). *Becoming a culturally competent health care organization*. Chicago, IL: Illinois. Health Research & Educational Trust Accessed at www.hpoe.org.

Helpful Websites

Arizona Health Care Cost Containment System (AHCCCS): Arizona's Medicaid agency that offers health care programs to serve Arizona residents.
www.azahcccs.gov

Children's Rehabilitative Services (CRS): A program that provides medical care and support services to children and youth who have chronic and disabling conditions.
http://www.uhccommunityplan.com/

Vaccines for Children (VFC): A federally-funded program that provides vaccines at no cost to children who might not otherwise be vaccinated because of inability to pay.
http://www.cdc.gov/vaccines/programs/vfc/index.html

Every Child by 2 Immunizations (ECBT): A program designed to raise awareness of the critical need for timely immunizations and to foster a systematic way to immunize all of America's children by age two.
www.ecbt.org

Arizona State Immunization Information System (ASIIS) and The Arizona Partnership for Immunization (TAPI): A non-profit statewide coalition whose efforts are to partner with both the public and private sectors to immunize Arizona's children.
www.whyimmunize.org

American Academy of Pediatrics: An organization of pediatricians committed to the optimal physical, mental, and social health and well-being for all infants, children, adolescents, and young adults.
www.aap.org

Comprehensive Medical and Dental Program "Serving Arizona's Children in Foster Care" (602)351-2245
800 201-1795
https://dcs.az.gov/cmdp

Fax Numbers

Claims.....(602) 265-2297

Provider Services.....(602) 264-3801

Behavioral Services.....(602) 351-8529

Medical Services .....(602) 351-8529

Member Services.....(602) 264-3801

Email Address

Claims.....CMDPClaimsStatus@azdcs.gov

Provider Services..... CMDPProviderServices@azdcs.gov

Behavioral Services..... CMDPBHC@azdcs.gov

Member Services..... CMDPMemberServices@azdcs.gov

Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact 602-364-3976; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request. • Disponible en español en línea o en la oficina 602-351-2245 o al 1-800-201-1795.