Provider Review

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2016-2017 Flu Season News

Time to prepare for the upcoming influenza season.

This season the live attenuated influenza vaccine (LAIV), also known as the "nasal spray" flu vaccine, will NOT be available through Vaccines for Children (VFC). This is due to data revealing that the effectiveness of the LAIV is approximately 3%, indicating no protective benefit could be measured.

The annual influenza vaccine continues to be recommended, with either the inactivated influenza vaccine (IIV) or recombinant influenza vaccine (RIV), for everyone 6 months old and older.

All persons aged 6 months old and older are recommended for annual vaccination, with few exceptions.

Please visit http://www.cdc.gov/flu/protect/whoshouldvax.htm for more information on exceptions to the administration of the flu vaccine.

Children aged 6 months to 8 years require 2 doses of influenza vaccine (administered ≥4 weeks apart) during their first season of vaccination with annual vaccination subsequently to optimize immunity.

The final annual recommendations on the prevention and control of influenza with vaccines will be published in a CDC Morbidity and Mortality Weekly Report (MMWR), Recommendations and Reports in late summer or early fall.

For more information, please visit the following link:
http://www.cdc.gov/media/releases/2016/s0622-laiv-flu.html

EPSDT to Improve Child Health

CMDP covers all EPSDT Services.

The Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) program was developed to fit the standards of pediatric care and to meet the special physical, emotional, and developmental needs of children. Since 1967, the purpose of the EPSDT program has been "to discover, as early as possible, the health problems that impact our children" and to provide "continuing follow up and treatment so that their healthcare needs are met."

The elements of EPSDT:

Early	Identifying problems early, starting at birth
Periodic	Checking children's health at periodic, age-appropriate intervals
Screening	Doing physical, mental, developmental, dental, hearing, vision, and other screening tests to detect potential problems
Diagnostic	Performing diagnostic tests to follow up when a risk is identified, and
Treatment	Treating the problems found

EPSDT is a mandatory set of services and benefits for all individuals under age 21 who are enrolled in Medicaid. Think of it as the child health coverage package of Medicaid.

What is included under EPSDT:

At each EPSDT visit, a Provider must:

⇒Screen to detect physical and mental conditions

⇒Screening by the provider must include:

- comprehensive health and developmental history
- an unclothed physical exam
- appropriate immunizations
- dental screening
- vision and hearing screening
- laboratory tests
- health education- developmentally targeted education on safety, nutrition, discipline, educational achievement, emotional regulation, family planning, sex education and STIs, risk taking behaviors and addiction as appropriate .

⇒ Provide diagnostic services for, and treatment of, any conditions discovered by the screening services.

Please make sure your patients are coming in for their EPSDT (well) visits.

CMDP members are all children in out-of-home foster care and they may not have had routine well care in the past. The EPSDT is an integral part of their care.

As the child's PCP, you may be the only provider who has seen the child and can identify signs of abuse or neglect, or previously undetected medical issues. Please do not hesitate to see children for their EPSDT, but also, frequently thereafter to follow up and treat their medical conditions, behavioral health conditions and social well-being.

CMDP Immunization Audit

CONGRATULATIONS to our Providers!

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CMDP did extremely well in our 2015 immunization audit. Due to your hard work, our members, the children in foster care, achieved a high rate of immunization. We still have some areas to improve on, and together with you, we will work to increase the protection that immunization provides our children.

Sara Park MD, FAAP
Chief Medical Officer CMDP

DES/CMDP Childhood Immunization: Measurement Period CYE 2015 (10/01/14-09/30/15)

Measure	*Minimum Performance Standard (MPS)*	*Denominator*	*Numerator*	CYE 15 Medicaid Rate	CYE 11 Medicaid Rate	Relative Percentage Change	Statistical Significance	All Contractor Medicaid Average	NCQA Medicaid Mean	NCQA Commercial Mean
Diphtheria, Tetanus, Acellular Pertussis (DTAP)	*85%*	*493*	*406*	**82.4%**	85.1%	-3.3%	0.326	81.7%	78.0%	87.3%
Inactivated Polio Virus (IPV)	*91%*	*493*	*469*	**95.1%**	95.5%	-0.4%	0.8	89.6%	89.0%	92.3%
Measles, Mumps, Rubella (MMR)	*91%*	*493*	*483*	**98.0%**	95.2%	2.9%	**0.031**	92.5%	90.0%	92.1%
Haemophilus Influenza Type B (HIB)	*90%*	*493*	*466*	**94.5%**	94.4%	0.1%	0.109	88.5%	89.3%	93.7%
Hepatitis B (HEP B)	*90%*	*493*	*459*	**93.1%**	95.2%	-2.2%	0.258	88.6%	89.3%	88.9%
Varicella (VZV)	*88%*	*493*	*480*	**97.4%**	95.2%	2.3%	0.111	92.0%	89.7%	92.0%
Pneumococcal Conjugate (PCV)	*82%*	*493*	*383*	**77.7%**	85.1%	-8.7%	**0.014**	78.8%	78.3%	87.5%
Hepatitis A (HEP A)	*40%*	*493*	*474*	**96.1%**	n/a	n/a	n/a	92.0%	83.4%	83.7%
Rotavirus (RV)	*60%*	*493*	*349*	**70.8%**	n/a	n/a	n/a	76.4%	68.1%	80.8%
Influenza	*45%*	*493*	*275*	**55.8%**	n/a	n/a	n/a	45.0%	51.1%	66.6%
Combination 2	*74%*	*493*	*385*	**78.1%**	85.1%	-8.3%	**0.019**	76.0%	73.8%	80.1%
Combination 3	*68%*	*493*	*339*	**68.8%**	77.3%	-11.0%	**0.012**	71.7%	70.4%	78.0%
Tetanus, Diphtheria Toxoids, and/or Acellular Pertussis (Tdap and/or Td)	*75%*	*285*	*272*	**95.4%**	90.7%	5.3%	**0.05**	91.2%	83.7%	84.0%
Meningococcal	*75%*	*285*	*268*	**94.0%**	79.7%	18.0%	**<0.001**	89.5%	73.4%	72.7%
Meningococcal and Tetanus, Diphtheria Toxoids, and/or Acellular Pertussis (Tdap and/or Td)	*75%*	*285*	*268*	**94.0%**	87.3%	7.7%	0.016	88.8%	71.4%	70.8%

Exceeds AHCCCS Average & NCQA Commercial & Medicaid Means

Exceeds Minimum Performance Standards

Asthma

Asthma is one of the most common chronic diseases in childhood. The primary care and emergency visits that result from asthma complications have significant implications for the families of children with asthma, for schools and the healthcare system. According to the Healthy Children website, more than 23 million Americans have asthma and more than one-quarter of them are children younger than 18 years.

Good asthma self-management improves long-term asthma outcomes and behavioral modification. Providers should:

- Routinely review each patient's asthma action plan and assess understanding and adherence to the plan and medication regimen
- Develop partnerships with patients
- Educate, beginning at diagnosis; reinforce and review understanding
- Educate to the child's developmental level and understanding
- Review the signs and symptoms of good asthma control versus poor control
- Review the role of asthma medication and continually instruct on the proper use of inhalers and spacers
- Review strategies for trigger avoidance
- Observe medication delivery during a face-to-face visit; do not rely on printed materials alone
- Schedule visits quarterly (or more frequently if needed) to monitor asthma status and control

Proper documentation affects reimbursement. ICD-10 and CPT codes must be adequately supported by chart documentation to ensure optimal and timely reimbursement.

Asthma education is integral to moving the treatment of this disease away from a focus on acute-care needs and toward improved long-term patient outcomes.

If CMDP can be of any assistance, please contact the Medical Services Unit at 602-351-2245.

Change in Coverage for Podiatry Services

AHCCCS has expanded its coverage of podiatry services. Beginning October 1, 2016, podiatry services performed by a licensed podiatrist, pursuant to A.R.S. Title 32, Chapter 7, are covered for all AHCCCS members when ordered by a primary care physician or primary care practitioner.

Provider Profile Updates

Please make sure your provider profile is up to date by going to the Lexus Nexus link https://nppes.cms.hhs.gov/NPPES/Welcome.do. Updating your demographic information, as well as your specialty designation will help to ensure a more streamlined process for providing services to children in care and for claims management.

FDA Alerts and Black Box Warnings

All Liquid Products through PharmaTech, LLC

On July 16, 2016, the U.S. Food and Drug Administration (FDA) announced the all-lot recall of Rugby's branded product, Diocto Liquid (docusate sodium), manufactured by PharmaTech, LLC.

On August 9, 2016 the FDA announced that PharmaTech, LLC is recalling all lots of liquid products produced from October 20, 2015 through July 15, 2016 manufactured by PharmaTech, LLC.

Now the recall has expanded to include both drug products and dietary supplement products under various labels, including Rugby, Major, Bayshore, Centurion, Virtus, and Metron. Affected PharmaTech, LLC products (drug products and dietary supplement products) include Diocto syrup (Rugby), Senexon liquid (Rugby), Senna syrup (Major), Aller-chlor antihistamine (Bayshore), Ninjacof (Centurion), Vitrate-2 sodium citrate-citric acid (Virtus), Virtrate-K potassium citrate and citric acid (Virtus), Calcionate syrup (Rugby), Cerovite liquid (Rugby), D3 Vitamin liquid (Rugby), Ferrous sulfate liquid (Rugby), and others. This recall includes all lots of the affected products manufactured between October 20, 2015, through July 15, 2016.

These products are being recalled due to contamination with Burkholderia cepacia. Use of contaminated product may result in serious infections that could be life-threatening in patients with compromised immune systems and in patients with chronic lung conditions such as cystic fibrosis.

CDC has confirmed one product as having *B. cepacia* complex growth; however, because of epidemiologic links, CDC is concerned about potential contamination of multiple liquid docusate products, pending FDA's ongoing investigation of shared ingredients in the products in question.

At this time, both FDA and CDC continue to recommend that clinicians and patients not use <u>any</u> liquid product for any medical purpose. This recommendation is now expanded to all patient populations. If an oral liquid docusate stool softener is medically necessary, alternative medicines should be used.

For additional information regarding the recall, please visit the t76following websites:

http://www.fda.gov/Safety/Recalls/ucm511525.htm?source=govdelivery&utm_medium=email&utm_source=govdelivery#recall-photos
http://www.cdc.gov/hai/outbreaks/b-cepacia/index.html

Dexacom G4 Platinum and G5 Mobile Continuous Glucose Monitoring System Receivers

The U.S. Food and Drug Administration (FDA) announced that Dexcom, Inc. has voluntarily recalled their continuous glucose monitoring system receivers because the audible alarm may not activate in the receiver piece when hypoglycemia or hyperglycemia is detected. This system includes a sensor placed under the skin to measure blood glucose readings that are sent to a hand-held receiver. The systems are used in combination with standard home glucose monitoring devices in the management of diabetes. Relying on this product for notification of hypoglycemia or hyperglycemia could result in serious adverse consequences, including death, because the auditory alarm may not alert the user of hypoglycemia or hyperglycemia. Medimpact would notify CMDP if there were any members who received the specific lot number. No members have been identified. Additionally, MedImpact placed a POS message with hard stop on the affected NDCs stating, "FDA product recall, do not dispense this product."

Sterile Drug Products from Pharmakon Pharmaceuticals

On April 11,2016 The U.S. Food and Drug Administration (FDA) announced that Pharmakon Pharmaceuticals refused to initiate a drug recall and refused to cease sterile drug production, as requested by the FDA. Therefore, at this time the FDA is alerting health care professionals to avoid use of any drug products that are intended to be sterile and that are produced and distributed nationwide by Pharmakon Pharmaceuticals, Inc. in Noblesville, Indiana.

Pharmakon subsequently issued a nationwide voluntary recall of all sterile compounded products on April 20, 2016. All recalled products have a label that includes the Pharmakon Pharmaceuticals name, address and expiration date. The sterile products were distributed nationwide to hospitals between March 4, 2016 and April 15, 2016.

The FDA recently inspected the Pharmakon Pharmaceuticals facility (following a recent voluntary partial lot recall of morphine sulfate 0.5mg/mL preservative-free 1mL syringes for intravenous use, due to incorrect potency) and found unsanitary conditions, poor sterile production practices, environmental contamination for multiple sites within the clean rooms, and other deficiencies. MedImpact has not approved claims for any of the active NDCs of Pharmakon products over the last 120 days. Additionally, MedImpact has placed a POS message with hard stop on the affected NDCs stating, "FDA product warning due to lack of sterility assurance, do not dispense this product."

Healthcare professionals should immediately check their medical supplies and quarantine any drug products marketed as sterile from Pharmakon. These products should not be administered to patients; administration of non-sterile drug products that are intended to be sterile could result in serious and potentially life-threatening infections or death.

Additional information is available at: http://www.fda.gov/safety/medwatch/safetyinformation/safetyalertsforhumanmedicalproducts/ucm496448.htm

The Opioid Epidemic

There has not been an overall change in the amount of pain that Americans have reported since 1999 but, surprisingly, the amount of prescription opioids sold in the U.S. has nearly quadrupled since then.

As a result, the number of deaths caused by prescription opioids has quadrupled as well—78 Americans die every day from an opioid overdose.

Prescription abuse is not just a problem, it is an epidemic and it is severely affecting the lives of children and teens all over the state. Arizona currently ranks 6th highest in the nation for individuals 12+ years of age misusing and abusing prescription drugs.

It is common perception among prescribers that the opioid addiction is characterized by illicit use of street drugs, and that a handful of prescribers are to blame for prescription drug misuse.

However, all providers can prescribe opioids to patients in pain. This can often be the first step down the road to addiction. Your patient may also be obtaining their medications from other members in the house—grandpa who just had spinal surgery, or mom who just had a baby. 3 out of 4 Arizona Youth who have misused prescription drugs in the past 30 days report getting them from friends, family or right out of the home.

What can providers do to stem this epidemic?

⇒ Discuss the safe storage of medications at each well check.

⇒ Include counseling on Anticipatory Guidance:

- Poisoning
- Overdose
- The risk of opioid addiction
- The risk of death with the use of opioids (especially when taken with other medications or alcohol, which often occurs at pill parties).

⇒ The judicial use of opioids for the control of pain.

⇒ Exploring and prescribing other modalities for pain control.

⇒ Review the Controlled Substance Prescribing Monitoring Program (CSPMP) prior to prescription of controlled substances.

⇒ Discuss the effects of opioids and the potential for addiction, when prescribing the medication.

⇒ Address the possibility of intrauterine drug exposure and the neonatal abstinence syndrome when prescribing opioids to patients of child-bearing age.

⇒ Address the patient's expectations of controlling pain.

Studies show that addiction to opioids at a young age can lead to subsequent heroin use and the adoption of high-risk behaviors. The Controlled Substances Prescription Monitoring Program (CSPMP) was specifically developed to detect the abuse and misuse of prescription medications.

The CSPMP can help the provider determine whether patients have received medications from other providers, or are doctor shopping. It can help alert the provider to the possibility of opioid abuse and help the provider direct the patient to treatment.

As a provider you can check your patient's controlled substances in the CSPMP yourself, or have your designee review the CSPMP for you.

To register for CSPMP, or assign a designee, visit:
https://pharmacypmp.az.gov/

If you need to report opioid abuse, please call our Corporate Compliance Hotline at (602) 771-3555. Or, for help dealing with abuse, call the Substance Abuse and Mental Health Services Administration's National Helpline at 1-800-662-HELP.

For helpful stories, videos, drug guides and upcoming events, visit:
http://www.medicineabuseproject.org

For a toolkit about opioid awareness, visit:
http://azcjc.gov/ACJC.Web/Rx/toolkit.aspx

To get help with referring a child for substance abuse treatment, call our medical services unit at (602) 351-8529.

References:
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Arizona Criminal Justice Commission. November 2014. *Awareness. Action. Outcomes!* Retrieved from: http://azcjc.gov/ACJC.Web/Rx/toolkit.aspx

American Family Physician. March 2003. *Probable Relationship Between Opioid Abuse and Heroin Use*. Retrieved from: http://www.aafp.org/afp/2003/0301/p942.html

SAMHSA. April 2014. *Rise in Prescription Drug Misuse and Abuse Impacting Teens*. Retrieved from: http://www.samhsa.gov/homelessness-programs-resources/hpr-resources/teen-prescription-drug-misuse-abuse

Chlamydia Infections in Children and Adolescents

Are You Screening?

Chlamydia trachomatis is the cause of the most common, reportable sexually transmitted bacterial infection in the United States. There is a need for **annual screening** for chlamydia in sexually active adolescents and young adults. Most infections are asymptomatic and occur in adolescents and young adults under 25 years of age. Because the infection is asymptomatic in 75% of females and 50% of males, it is under-diagnosed and therefore not treated.

A high clinical index of suspicion for chlamydial infection (e.g., pelvic inflammatory disease or epididymitis) and prompt treatment are necessary to resolve symptoms, prevent complications, and prevent transmission to sexual partners.

Repeat infection with chlamydia is common. Multiple chlamydia infections increases a woman's risk of serious reproductive health complications, including pelvic inflammatory disease, ectopic pregnancy and infertility. Men and women with chlamydia should be re-tested about three months after treatment of the initial infection, regardless of whether they believe their partners were treated.

Chlamydia is easily diagnosed and treated. Nucleic acid amplification tests are the preferred diagnostic tests because of their superior sensitivity, and they can be performed on easily collected specimens, such as urine or vaginal swabs.

There are **highly efficacious treatment options** including single-dose oral azithromycin or a 1-week course of doxycycline.

The cornerstone of chlamydia detection and treatment is screening.

Young women should be screened for infection because most of the reproductive complications of chlamydia occur in women. On the basis of strong research evidence, the U.S. Preventive Services Task Force recommends screening for chlamydial infection for all sexually active non pregnant females 24 years and younger and for older non-pregnant females who are at increased risk of infection.

The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for chlamydia and gonorrhea in men. However, the medical staff at CMDP urges you to screen all young adolescents who are sexually active, as Chlamydia is so often an asymptomatic infection.

Maternity Care Package Claim

In the most recent update to the AHCCCS Medical Policy Manual, Chapter 400, changes were made related to the Maternity Care global claim package. The policy change does NOT impact how care or services are paid for by the Comprehensive Medical & Dental Program (CMDP). However, the policy change now requires CMDP to implement processes to ensure that all claim forms for maternity care include all dates of service. Effective immediately, all Maternity Care Providers are required to:

- Submit an initial claim for the member's initial office visit
- When the total Maternity Care package is billed, include all individual prenatal visits separately on the claim
- Bill CMDP individually after each ultrasound is performed because ultrasounds are still excluded from the Maternity Care global claim package

In addition to the claims submission change, CMDP is taking a more active role in ensuring that all members receive the best Prenatal and Postnatal care possible. We are certain this can be completed with the help of everyone involved with our members' care. This includes the Provider, Case Manager and Care Giver. Please inform CMDP when a member has missed an appointment. CMDP will then contact the member to stress the importance of all prenatal and postnatal visits.

For further information or clarification, please contact CMDP Maternal Health Coordinator at (602)771-1283 or the Provider Service Department at (602)351-2245.

Family Planning-Are You Counseling?

PCPs have an important role in adolescent reproductive health. Their relationships with patients and families can help them promote healthy decision making regarding sexuality, abstinence, family planning and risky sexual behaviors. This is particularly true of the Provider's relationship with CMDP members. CMDP members, the children and adolescents in the foster care system, may not have other sources of this valuable information.

Opportunities to counsel members include EPSDT visits, as well as other visits throughout the year, counsel the adolescent and facilitate the discussion between the caregiver and the adolescent, on this important topic.

Reminder – CMDP does cover:

- Birth Control Pills
- Birth Control Injections
- Birth Control Implants
- Condoms
- Diaphragms
- Intrauterine Device (IUD)
- Patches
- Spermicides
- Testing for all sexually transmitted diseases (STDs) including Chlamydia
- Testing for Human Immunodeficiency Virus (HIV)
- Education on abstinence, preventing pregnancy and STDs

CMDP has developed an Adolescent Health Tool Kit as a resource to help caregivers facilitate the discussions with adolescents. This Tool Kit is available at https://dcs.az.gov/sites/default/files/media/THE%20TALK%20Toolikit%20Complete_2.pdf

For tips on how to talk with teens, go to American Academy of Pediatrics (AAP) Healthy Children: Teen Dating and Sex

Welcome
CMDP Dental Director

CMDP is pleased to announce the new addition to our Medical Services Unit, Dr. Michael LaCorte, DDS. Dr. LaCorte is now the CMDP Dental Director for our children in out-of-home care. Dr. LaCorte comes to us from his private practice in Marana. In addition, he is an instructor at the dental school, AT Still. Dr. LaCorte will be on site to review and make determinations for all dental and orthodontic cases. For any questions or concerns regarding dental or orthodontic cases, please contact the Medical Services Unit at (602) 351-2245.

Dental Pretreatment Request Pointers

The following points are offered to help you submit your dental pretreatment requests. This is not a complete list but these points have been identified as key areas missed when submitting documentation for these specific dental procedures:

Wisdom teeth extraction:

⇒ Are there signs of increasing pain and inflammation? As some pain is common when teeth erupt, there must ghbe an increasing level of pain above and beyond what you would expect.
⇒ Is the child having difficulty eating due to inflammation, swelling of the gums or pain?
⇒ Is infection present?
⇒ Please include panoramic x-rays and documentation to substantiate your request.

Sedation, please include:

⇒ Treatment plan
⇒ Documentation explaining behavioral or medical issues that may determine the need for sedation .

If there are any additional concerns or questions, please contact the Medical Services Unit for assistance at (602) 351-2245.

Coming soon

Psychotropic Medication Oversight for Children Under The Age of 6 Years:

Effective December 1, 2016 CMDP will require a Prior Authorization for all psychotropic medications for children under 6 years of age. We will be sending notification to providers and members soon.

Behavioral Health Coordination Issues

Children and youth involved in the child welfare system have a unique set of needs, due to traumatic experiences from abuse, neglect, and/or removal from their homes. Navigating the behavioral health system can be challenging. The information provided in this section will direct you where to call when you need help or have questions.

The Behavioral Health Unit at CMDP works across the state to support positive outcomes for youth in DCS custody in Child and Family Team meetings (CFTs), as well as other informal meetings. Through our work we are passing along information AHCCCS is disseminating as well.

Behavioral health is administered through three contracted Regional Behavioral Health Authorities (RBHAs). A fourth health plan, which is partially integrated is the Children's Rehabilitative Services (CRS) and the Tribal Regional Behavioral Authorities (TRBHA). If you have questions or comments, concerns or compliments about Behavioral Health Services, please contact any of the following people to assist you in service delivery to the child and family. These are points of contact for overcoming barriers to children and families receiving the appropriate and timely care.

Mercy Maricopa Integrated Care (MMIC)
Maricopa County (and part of Pinal County based on zip code)

DCS@mercymaricopa.org

Randy Grover, LCSW
Child Welfare Manager
(480) 751-8471

RBHA Member Services
1 (800) 564-5465

Health Choice Integrated Care (HCIC)
Apache, Coconino, Mohave, Navajo, & Yavapai Counties

DCS@iasishealthcare.com

Victoria Tewa
Director of Children's Services
(928) 214-1194

RBHA Member Services
1 (800) 640-2123

Cenpatico Integrated Care (C-IC)
Cochise, Graham, Greenlee, La Paz, Pima, Pinal, Santa Cruz, & Yuma Counties

DCS@cenpatico.com

Hilary Mahoney, MPH
DCS Liaison
(866) 495-6738

RBHA Customer Service
1 (866) 495-6738

Children's Rehabilitative Services (CRS)
Operated by United Healthcare Community Plan (UHCCP)
Statewide for children with a qualifying CRS medical condition

Marta_urbina@uhc.com

Marta Urbina, UHCCP
Liaison to DCS
(602) 255-1692

CRS Member Services
1 (800) 348-4058

If you or someone you are assisting are unable to resolve concerns through the RBHA, please contact the AHCCCS customer service line for support at **602-364-4558** or **1-800-867-5808**.

You may outreach us at CMDP at any time to support your advocacy for the needs of youth and families. Thank you for your support and commitment to improve the lives of children and families involved with DCS!

Changes are Coming!

As October nears CMDP is preparing for a couple changes from AHCCCS.

Differential Payments

Differential Payments distinguish providers which 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) are a new provider type which will be effective 10/1/16.
- Free Standing EDs (FrEDs) are relatively new to Arizona. Freestanding outpatient treatment centers are subclasses of outpatient treatment centers. The new provider type is effective 1/1/2017, 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.

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://dcs.az.gov/cmdp or call our Provider Services Representative, Tammy Tomasino at 602-364-0748. Become a Trading Partner today!

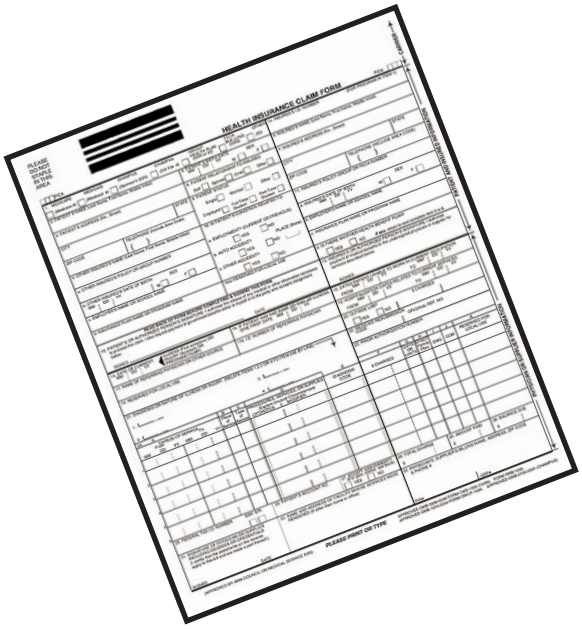
Billing Members is Prohibited

Under most circumstances, CMDP foster caregivers and CMDP members are not responsible for any medical or dental bills incurred for the provision of medically necessary services. Please note that an AHCCCS registered provider 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 may have questions regarding exceptions to this rule are encouraged to contact the CMDP Provider Services unit at 602-351-2245 for clarification.

Members who have received a medical or dental bill from a CMDP provider, please contact the CMDP Member Services unit at 602-351-2245 or (800) 201-1795 for further instructions.

False Claims Alert!



Did you know that the Federal False Claims Act carries expensive fines for healthcare providers who knowingly submit fraudulent claims to federal programs like CMDP? Last year, the Medicare Fraud Strike Force charged 243 individuals for approximately $712 million in false billing. If you, your staff, or even your billing contractor, cause a false claim to be submitted, **you** could be held liable for up to three times the amount of the claim!

Start limiting your chance of false claims law suits by educating your staff and visiting the following link:
http://www.taf.org/resource/fca/false-claims-act-overview

To report false claims, call the CMDP Corporate Compliance Hotline at (602) 771-3555. You may elect to remain anonymous. False claims and other Medicaid or Medicare fraud can also be reported online at:
https://www.azahcccs.gov/Fraud/ReportFraud/

Language Line

Language Line Services are provided for members and foster caregivers to communicate with CMDP and healthcare providers. The service offers interpretation in over 140 languages either by phone or written translation. **American Sign Language** is also available to help members and foster caregivers communicate with healthcare providers. We ask that you contact us one week in advance to arrange for language interpretation services. To request these services, contact CMDP Member Services at 602-351-2245 or 1-800-201-1795.

Tips on Providing Culturally Competent Care to Patients

Do not stereotype people

Information you have on cultural traditions is a starting point for understanding another individual. There are many influences on one's cultural beliefs. First, find out if the person fits the generalization.

Ask patients what they think caused their illness

Not every patient thinks a "germ" or "virus" caused their disease. They may attribute a variety of causes such as stress, spiritual forces or bodily imbalances.

Respect their beliefs, even if they appear strange to you

Often patients are afraid to tell a health care provider what home treatments they may be using or what other practitioners they may be seeing because of ridicule they have experienced in the past.

When and if possible, incorporate into your treatment plan the patient's beliefs about treatment and prevention that are not contraindicated

Patients will likely go ahead and use their own treatments anyway, but if you incorporate their beliefs into the treatment plan, they are more likely to follow your treatment plan.

Do not neglect the patient's family

In many cultures, important decisions are made by the family, not simply the individual. Involving the family in decision-making process and treatment plan will help gain the patient's compliance with treatment.

Respect and do not discount a patient's concern about supernatural influences on his/her health and well being

Do not minimize the patient's concerns. Your minimization will not change the patient's beliefs. Listen respectfully to the patient's concerns and when possible, involve an appropriate spiritual healer/advisor in the patient's care.

Learn about the beliefs and practices of the patient populations in your community

This will help you better understand your patient's attitudes and behaviors. You may also use this knowledge to question a patient to learn more about their own individual practices.

Article taken in part from Communication with Patients: Cultural Competency, College of Medicine, Medical University of South Carolina.

2017 Provider Forum

CMDP is in the early planning stages for a Provider Forum that will be held during the first quarter of 2017. This forum will be a semi-annual resource intended to keep everyone informed of changes in the healthcare community while strengthening communications between CMDP and our providers. In order to make this forum a success, we are seeking your input regarding the best way to communicate with our healthcare professionals.

We know your time is valuable. We are asking you to provide feedback regarding the type of information you would like to have presented, the format in which a forum is held and an approximate time a forum would work best for you.

Please contact the CMDP Provider Services Unit to let us know your preferences. CMDP Provider Services can be reached by calling 602-351-2245 or by email at CMDPProviderservices@azdes.gov

Thank you for your consideration. We look forward to hearing from you.

Helpful Websites

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

Children's Rehabilitative Services (CRS): This program 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 effort is 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, 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@azdes.gov

Provider Services.....CMDPProviderServices@azdes.gov

Behavioral Services.....CMDPBHC@azdes.gov

Member Services.....CMDPMemberServices@azdes.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.