

Provider Newsletter

Volume 6 Issue 4



ARIZONA
DEPARTMENT
of CHILD SAFETY
Comprehensive Medical
and Dental Program

Protecting CMDP Members through Immunization

Primary care providers (PCPs) are the mainstay for CMDP's Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program.

As part of every EPSDT visit, the PCP ensures the member is up-to-date on all immunizations. As CMDP members are Children in out- of- home (foster) care, they may not be up to date on their immunizations. CMDP encouraged ALL PCP's to review the immunization status of members at EVERY visit (not just EPSDT visits) in order to make sure members are up to date.

CMDP's immunization requirements follow the schedules established by The Centers for Disease Control (CDC).

These schedules can be accessed here: <https://www.cdc.gov/vaccines/schedules/hcp/index.html>

As a provider with CMDP the PCP has two mandated responsibilities relevant to provision of immunizations:

EPSDT providers **must** be enrolled in, and utilize the Vaccines for Children (VFC) Program.

The PCP **must** enter administered immunizations into the Arizona State Immunizations Information System (ASIIS).

Reporting immunizations to ASIIS is not only a CMDP requirement; it is also State law.

Providers are mandated under A.R.S. § 36-135 to report all immunizations administered to children from birth through 18 years of age to ASIIS.

All immunizations must be documented in the medical record.

ASIIS also allows providers to query the registry for current and historical patient immunization records. If you have any questions, please contact the ASIIS technical support line at (602) 364-3899 or toll free at (877) 491-5741. (*Arizona Department of Child Safety, 2017*)

References

Arizona Department of Child Safety. (2017, July 1). *Comprehensive Medical and Dental Program (CMDP) Provider Manual*. Retrieved from Chapter 3: Provider Expectations: <https://dcs.az.gov/services/cmdp/comprehensive-medical-and-dental-program-cmdp-provider-manual>

Inside this issue:

Calling All Doctors	2
What is AzEIP?	3
FDA Alerts, Recalls, and Black Box Warning	4
Does CMDP Cover Medications to Help	5
CMDP ID Cards	6
Medicaid Fraud and Abuse: How To Report It	7
Culture and Your Health	8
Cultural Competence	9
Provider Services Resources	10

Calling all Doctors:

Did you know all AHCCCS plans will reimburse you for performing several services with proof of certification? These include Developmental Screening tools. AHCCCS requires Developmental Screening at the 9, 18 and 24 months EPSDT visits.

CMDP members are all children, in out-of-home care (foster care), who may be at increased risk of developmental delays. CMDP encourages providers to perform age appropriate developmental screening at any EPSDT visit if they consider the screening necessary to provide adequate care for the member.

AHCCCS approved developmental screening tools include:

- The Parent's Evaluation of Developmental Status (PEDS) tool which may be obtained from www.pedstest.com or www.forepath.org.
- Ages and Stages Questionnaire (ASQ) tool which may be obtained from www.agesandstages.com.
- The Modified Checklist for Autism in Toddlers (MCHAT), a screening tool used by a primary care provider, for members 16-30 months of age, to screen for autism when medically indicated.

Copies of the completed tools must be retained in the medical record.

Please make sure you are adequately trained to administer these tools in order to be reimbursed.

A list of available training resources may be found in the Arizona Department of Health Services website at www.azdhs.gov/clinicians/training-opportunities/developmental/index.php

Or

http://www.azaap.org/Training_Certification.

Developmental screening tools may be billed separately using

- CPT-4 code 96110 (Developmental screening, with interpretation and report, per standardized instrumentation) for the nine month, 18 month and 24 month EPSDT visit.
- A developmental screening CPT code (with EP modifier) must be listed in addition to the preventive medicine CPT codes.
- Other CPT-4 codes, such as 96111 – Developmental Testing (includes assessment of motor, language, social, adaptive) are not considered screening tools and are not separately billable with the EPSDT.

Reference

AHCCCS Medical Policy Manual, Chapter 430 <https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/430.pdf>

http://www.azaap.org/Training_Certification

Prescription Monitoring Program PMP Registration



The Arizona State Board of Pharmacy Controlled Substances Prescription Monitoring Program (PMP) grants access to prescribers and pharmacists so they may review controlled substance dispensing information on their specific patients.

Beginning October 16, 2017, a prescriber is required to review a patient's PMP record before prescribing a controlled substance, per A.R.S. § 36-2606. To make the process more efficient for prescribers and pharmacists by allowing instant access to the PMP, the Arizona State Board of Pharmacy received funding to integrate the PMP directly into electronic healthcare records (EHR) and pharmacy dispensing systems statewide.

If you have any additional questions regarding the Arizona PMP, email pmp@azpharmacy.gov.

<https://pharmacypmp.az.gov/sites/default/files/documents/files/Registration%20FAQs.pdf>

What is AzEIP?

The Arizona Early Intervention Program (AzEIP) provides support to families of children birth to three years of age, with disabilities or special developmental needs, and helps them to build on their children's strengths, enhancing and promoting growth, development and learning.

AzEIP is a program of the U.S. department of Education and was established by Part C of the Individuals with Disabilities Education Act (IDEA).

AzEIP Eligibility –

A child between birth and 36 months of age, who is developmentally delayed or who has an established condition that has a high probability of resulting in a developmental delay.

- A. A child from birth to 36 months of age will be considered to exhibit developmental delay when that child has not reached 50 percent of the developmental milestones expected at his/her chronological age, in one or more of the following domains:
 1. physical: fine and/or gross motor and sensory (includes vision and hearing);
 2. cognitive;
 3. language/communication;
 4. social or emotional; or
 5. adaptive (self-help).
- B. Established conditions that have a high probability of developmental delay include, but are not limited to:
 1. chromosomal abnormalities;
 2. genetic or congenital disorders,
 3. sensory impairments,
 4. inborn errors of metabolism,
 5. disorders reflecting disturbance of the development of the nervous system,
 6. congenital infections,
 7. severe attachment disorders, and
 8. disorders secondary to exposure to toxic substances, including fetal alcohol syndrome. Specific examples of established conditions for AzEIP eligibility include neural tube defects (*e.g.*, spinal bifida); intraventricular hemorrhage, grade 3 or 4; periventricular leukomalacia; cerebral palsy; Downs syndrome, and pediatric under-nutrition (failure to thrive).

A provider can submit a request for AzEIP services for a member

- Online: <https://extranet.azdes.gov/azeip/AzeipREF/Forms/Categories.aspx>

This is the fastest and most efficient method for professional referrals. To receive confirmation of the assigned AzEIP provider, please include your work email address and you will be notified.

- Contact the local AzEIP office: <https://extranet.azdes.gov/AzEIP/FamilyInfo/FamilyInformation/FamilyInfo.aspx>

Participation by families in AZEIP is voluntary.

The AZEIP service coordinator is responsible for identifying the parent when the child is in the care and custody of Department of Child Safety (DCS) and therefore a member of CMDP.

If the biological parent (bio) parent is available, has not had their rights severed, and is willing to participate in the process then they are the IDEA parent, and the team proceeds with the Bio family in the initial planning process.

If the AzEIP Service Coordinator cannot locate the bio parent, then the AzEIP Service Coordinator contacts the DCS specialist.

If after the AzEIP Service Coordinator makes three attempts on different days, at different times of day over the course of a few weeks to contact the bio parent, the AzEIP Service Coordinator may proceed with someone else who may serve as the IDEA parent. (typically the out-of-home caregiver)

If the bio parents are available and do not want to proceed, the AzEIP Service Coordinator is required to document that decision and exit the referral.

AzEIP Policies and Procedures

<https://des.az.gov/services/disabilities/developmental-infant/azeip-policies-and-procedures>

DEFINITIONS

Arizona Early Intervention Program https://des.az.gov/sites/default/files/azeip_definitions_07_2012.pdf

Fluoride: The “F” word of Dentistry

Fluoride has been called many things from a “mind controlling agent” to an “I-Q reducing toxin”¹, but it has also been called one of the ten greatest public health achievements in the 20th century by the Centers for Disease control and Prevention². Grand Rapids, Michigan on January 25, 1945 became the first community in the United States to fluoridate its drinking water to prevent caries. With the introduction of community water fluoridation, fluoride was accredited with reducing caries by up to 70%. Although some toothpastes did contain fluoride it was not until 1956 when Crest began marketing their brand with "Look, mom! No Cavities" slogans amid Norman Rockwell portraits of smiling children, that fluoride toothpaste became mainstream.

Fluoride is now back again, this time along with a silver component. Called Silver Diamine Fluoride (SDF) and it may rock the dental world just as water fluoridation did over 70 years ago.

A recent systematic review by Chibinski et al³ was performed to evaluate the efficacy of silver diamine fluoride (SDF) in controlling caries progression in children when compared with traditional active treatments or placebos. The arrestment of caries at 12 months promoted by SDF was 66% higher (95% CI 41-91%; $p < 0.00001$) than by other active material, but it was noted to be 154% higher (95% CI 67-85%; $p < 0.00001$) when compared to placebos. Overall, the caries arrestment was 89% higher (95% CI 49-138%; $p < 0.00001$) than when using active materials/placebo.

In the United States Silver Diamine Fluoride is marketed as "Advantage Arrest" distributed from Elevate oral care. Silver Diamine Fluoride has been used throughout the world for many years. Its use as an alternative approach to treatment of cavities in children may help in preventing the need for operative treatment or delay treatment until the child is older where treatment can be accomplished in a safer manner. The major down side to Silver Diamine Fluoride is cosmetically as it blackens the decay when applied.

So is this a panacea and will it eliminate operative dentistry? Certainly not but it is another tool or arrow in our dental quiver and when used correctly can offer a tremendous advantage in the fight against caries.

References

- 1- Wang, Z. H., Wang, S. X., Zhang, X. D., Li, J., Zheng, X. T., & Hu, C. M. (2006). Investigation of children’s growth and development under long-term fluoride exposure. *Chin J Control Endem Dis*, 21(4), 239-241.
- 2-Centers for Disease Control and Prevention (CDC. (1999). Ten great public health achievements--United States, 1900-1999. *MMWR. Morbidity and mortality weekly report*, 48(12), 241.
- 3- Chibinski, A. C., Wambier, L. M., Feltrin, J., Loguercio, A. D., Wambier, D. S., & Reis, A. (2017). Silver Diamine Fluoride Has Efficacy in Controlling Caries Progression in Primary Teeth: A Systematic Review and Meta-Analysis. *Caries Research*, 51(5), 527-541. doi:10.1159/000478668

FDA ALERTS, RECALLS AND BLACK BOX WARNINGS

September-November 2017

* Medtronic announced a voluntary recall of specific lots of infusion sets used with all models of Medtronic insulin pumps. The recall is related to a certain discontinued component in these infusion sets and does not include insulin pumps or glucose sensors. A component, the vent membrane, in the recalled infusion sets may be susceptible to being blocked by fluid during the process of priming/fill-tubing. This situation can lead to potential over-delivery of insulin shortly after an infusion set change, which may cause hypoglycemia. Currently manufactured infusion sets, available to patients since April 2017, include a design update of this component which the company believes reduces the risk of insulin over-delivery after an infusion set change. The company will work with patients to ensure recalled infusion sets with the discontinued component are returned and replaced with new infusion sets containing the updated component at no cost.

Additional information regarding the recall is available at:

<https://checklots.medtronicdiabetes.com>

*Hospira, Inc., a Pfizer company, is voluntarily recalling one lot of Vancomycin Hydrochloride for Injection, USP, 750 mg/vial (NDC 00409-6531-02) lot 632153A, to the hospital/retailer level. The recall was due to a confirmed customer report for the presence of particulate matter, confirmed as glass, within a single vial. To date, Hospira has not received reports of any adverse events associated with this issue for this lot.

In the event the particulate is administered to a patient, it may result in phlebitis, end-organ granuloma or micro-embolic effects, or gastrointestinal trauma. The risk is reduced by the possibility of detection, as the label contains a clear statement directing the healthcare professional to visually inspect the product for particulate matter and discoloration prior to administration. Vancomycin Hydrochloride is indicated for the treatment of serious or severe infections caused by susceptible strains of methicillin-resistant staphylococci.

The lot was distributed from August 2016 through January 2017 nationwide in the United States and Puerto Rico.

Additional information regarding the recall is available at:

https://www.fda.gov/Safety/Recalls/ucm574258.htm?source=govdelivery&utm_medium=email&utm_source=govdelivery

Does CMDP Cover Medications to Help Teens Stop Smoking?

Yes! CMDP **covers** smoking cessation medications, on a case by case basis. If you have a patient where these medications may be appropriate, please submit a prior authorization form to MedImpact, our pharmacy company. You can find these forms on our website at: www.azdcs.gov/cmdp

Tobacco is a major health hazard to infants, children, teens, and families. Tobacco use by children and teens (smoking, chewing, etc.) causes chronic and recurring medical problems.

In 2016, an estimated 3.9 million U.S. middle and high school students currently used any tobacco product, with 1.8 million reporting current use of ≥ 2 tobacco products. E-cigarettes were the most commonly used tobacco product among both U.S. middle and high school students in 2016.

Current (past 30 days) tobacco product use among

	High school students 2016	Middle school students 2016
Any tobacco product:	20.2% (estimated 3.05 million)	7.2% (estimated 850,000)
Any combustible tobacco product:	13.8%(estimated 2.08 million)	4.3 (estimated 510,000)
Two or more tobacco products:	9.6%(estimated 1.44 million)	3.1% (estimated 360,000)
E-cigarettes:	11.3%(estimated 1.68 million)	4.3%(estimated 500,000)
Cigarettes:	8.0%(estimated 1.18 million)	2.2% (estimated 250,000)
Cigars:	7.7%(estimated 1.13 million)	2.2% (estimated 260,000)
Smokeless tobacco:	5.8% (estimated 860,000)	2.2% (estimated 260,000)
Hookah:	4.8% (estimated 700,000)	2.0%(estimated 230,000)
Pipe tobacco:	1.4% (estimated 190,000)	0.7% (estimated 70,000)
Bidis:	0.5% (estimated 70,000)	0.3% (estimated 30,000)

While cigarette smoking has declined among youth in the U.S., other tobacco products and forms of smoking are gaining popularity. Electronic cigarettes, hookahs, and smokeless tobacco use are on the rise among high school and middle school students.

A survey of 41,000 high school and middle school students released by the National Institute on Drug Abuse found that nearly 1 out of 5 high school seniors reported using an e-cigarette in the last month. The study also reported 1 out 10 eighth graders used an e-cigarette, more than had used tobacco in the last month.

Why is this trending?

Accessibility. It is unfortunately very easy for underage youth to purchase e-cigarettes online. According to a study done, only one in about 20 attempts by teens to buy e-cigs online were blocked by a vendor trying to confirm the buyer's age ("Few online e-cig vendors block sales to minors", 2015).

Tobacco product advertising can entice youth to use tobacco, and spending to advertise e-cigarettes has increased rapidly since 2011. About 69% of middle and high school students were exposed to e-cigarette advertisements in retail stores, on the Internet, in magazines/newspapers, or on TV/movies. Exposure to e-cigarette advertisements may be contributing to increases in e-cigarette use among youth .



Although the number of tobacco incidents in U.S. top grossing movies decreased among G or PG movies, it increased by 43% in PG-13 movies from 2010 to 2016.

Celebrity endorsements. Popular rapper Rick Ross endorses mCig while Jenny McCarthy is seen promoting Blu e-cigs in advertisements in the past.

CMDP covers smoking cessation medications to help addicted youth. If you are considering using these to aid an addicted youth, we strongly urge you to discuss behavioral health supports for the youth as a holistic multipronged approach which is more likely to be successful at addressing addiction behavior. Behavioral Health services are available for all members of CMDP.

If you have any questions, please contact our Health Services Unit for further assistance. Tel: 602-351-2245; 1-800-201-1795
Fax: (602) 351-8529
Email: CMDPNurse@azdcs.gov
Website: <https://dcs.az.gov/services>

References:

Youth and tobacco use. (2015). Retrieved November 4, 2015, from Centers for Disease Control and Prevention website, http://www.cdc.gov/tobacco/data_statistics/fact_sheets/youth_data/tobacco_use/

E-Cigarettes top smoking among youths, study says. (2014). Retrieved November 4, 2015, from The New York Times website, <http://www.nytimes.com/2014/12/17/science/national-institute-on-drug-abuse-e-cigarette-study.html>

Few online e-cigarette vendors block sales to minors, UNC Lineberger study finds. (2015). Retrieved November 4, 2015, from the UNC School of Medicine website, <http://unclineberger.org/news/ecig-vendors-minors>

Tobacco Use in Top-Grossing Movies—United States, 2010–2016

https://www.cdc.gov/tobacco/data_statistics/mmwrs/byyear/2017/mm6626a1/highlights.htm

Characteristics of Electronic Cigarette Use Among Middle and High School Students—United States, 2015

https://www.cdc.gov/tobacco/data_statistics/mmwrs/byyear/2016/mm655051a2/highlights.htm

Tobacco Use Among Middle and High School Students — United States, 2011–2016

https://www.cdc.gov/tobacco/data_statistics/mmwrs/byyear/2017/mm6623a1/intro.htm

https://www.cdc.gov/tobacco/data_statistics/mmwrs/byyear/2017/mm6623a1/highlights.htm

https://www.cdc.gov/mmwr/volumes/66/wr/mm6623a1.htm?s_cid=mm6623a1_w

CMDP ID Cards

COMPREHENSIVE MEDICAL & DENTAL PROGRAM (CMDP) Arizona Department of Child Safety P.O. Box 29202 (CD10-18) • Phoenix, AZ 85038-9202 dcs.az.gov/cmdp • (602) 351-2245 • 1-800-201-1795	
Member: _____	
DOB: _____	ID#: _____
For behavioral health or substance abuse services call:	
RBHA: _____	Phone No. _____
 Member Helpline: 1-800-788-2949 (For non-business hours)	

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 member's 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.

Claims Modernization

Electronic Funds Transfer (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 Spring 2018.

Please direct any questions to the CMDP Provider Services Department at 602-351-2245.



Electronic Data Interchange (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 CMDPclaimsquestions@azdcs.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 to become a Trading Partner today!

Medicaid Fraud and Abuse: How To Report It

Anyone suspecting Medicaid fraud, waste, or abuse should report it. Health care fraud, waste, and abuse can involve patients, physicians, pharmacists, beneficiaries, and medical equipment companies.

You do not have to leave your name when reporting suspected Medicaid fraud. You can leave the information on the CMDP Corporate Compliance Hotline voice mail box at 602-771-3555.

The following information is helpful when reporting alleged fraud:

- Name of the CMDP member on their CMDP card
- Name of the physician, hospital, or other health care provider
- Date of service
- Estimated amount of money involved
- A description of the suspected fraudulent acts

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.

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. 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.

Culture and Your Health

All of us are programmed by our culture. This determines our behaviors and attitudes.

Culturally competent health care: Health care services should respect the culture of members. Medically-necessary covered services are culturally competent when they fit the member. They should be based on the member's needs.

Benefits of cultural competency: Most people think their own values and customs are best. They may expect other cultures to share those views. Some benefits of having culturally competent health care services are listed below.

Members and caregivers:

- Gain sensitivity to members' needs; reduce prejudice and bias
- Improve the quality of member care and outcomes
- Improve member (and caregiver) satisfaction for the services provided
- Develop more appropriate member-specific plans of care

CMDP staff and health care providers:

- Work better with diverse patient populations
- Have a better understanding of other cultures in their approach to health care services for children
- Comply with federal and state requirements
- Reduce non-compliance of members (and caregivers) toward services

Member Services as a resource: Use the Member Services Unit as a resource for child-specific, culturally competent health care services and/or providers, such as:

- A specific language, gender, ethnic, geo-graphical, or specialized health care provider for the individual needs of a member
- Health care services responsive to a member's cultural or religious beliefs
- Translation services for health care appointments when a language-specific provider is unavailable
- Interpretation services orally or for the hearing impaired
- Written health care information in a native language
- Health care information in an alternative format for the visually impaired.

CMDP wants members to get health care services that are best for them. Please contact Member Services for questions and information at 602-351-2245.

Cultural Competence

How Does Your Practice Measure Up?

When delivering culturally competent patient care, it is important to remember that staff interactions can have an effect on patient outcomes from the very first point of contact. Whether it involves the appointment making process, telephone conversations, or billing; member experiences are affected as much when requesting services as by their encounters with the health care provider. This is why it is necessary to have a fully cultural competent staff dedicated to delivering quality services which, “meet the needs of members with diverse cultural and ethnic backgrounds, including those with limited English Proficiency and disabilities - regardless of gender, sexual orientation or gender identity.”

For information on Cultural Competency and how it is applicable to CMDP, please refer to the CMDP Provider Manual, Chapter 3 page 12.

Source:

National Center for Cultural Competence, Georgetown University Center for Child and Human Development, Centers for Excellence in Developmental Disabilities

“It All Starts at the Front Desk” author: Suzanne Bronheim, PhD. National Center for Cultural Competence Accessed at <https://nccc.georgetown.edu/documents/FrontDeskArticle.pdf>.



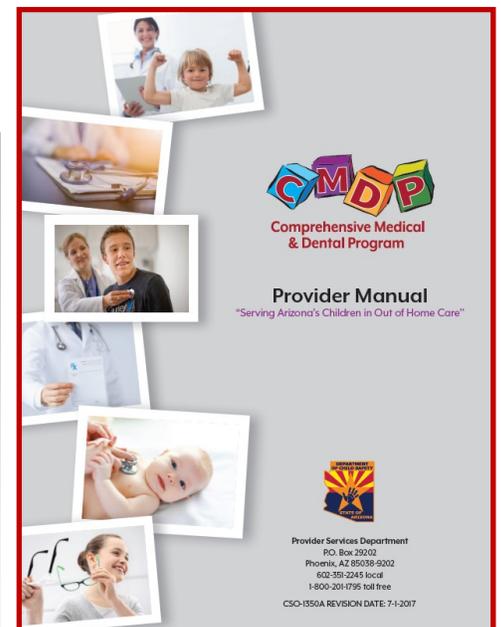
Now Available

Visit the CMDP website at <https://dcs.az.gov/cmdp> and check out the revised CMDP Provider Manual.

Locate information such as:

- Program Overview
- Provider Responsibilities
- Member Enrollment
- Covered and Non-Covered Services
- Behavioral Health
- Claims Processing and Payment
- Fraud and Abuse

Please contact Provider Services with any questions at 602-351-2245 or 1-800-201-1795.



CMDP
Comprehensive Medical
& Dental Program

Provider Manual
"Serving Arizona's Children in Out of Home Care"

Provider Services Department
P.O. Box 39202
Phoenix, AZ 85038-9202
602-351-2245 local
1-800-201-1795 toll-free
CSO-1350A REVISION DATE: 7-1-2017

Provider Services Resources

The following information is provided to assist you in keeping connected with other organizations and helpful information CMDP associates with. We strive to keep you connected and informed we will be providing additional resources in future newsletters.

- Arizona Health Care Cost Containment System (AHCCCS): Arizona's Medicaid agency that offers health care programs to serve Arizona residents.
www.azahcccs.gov
- Arizona Health Care Cost Containment System (AHCCCS) provider registration. The *Provider Registration* process is required to those who provide medical care services (including primary care doctors, transportation, etc) to AHCCCS beneficiaries.
<https://www.azahcccs.gov/PlansProviders/NewProviders/packet.html>
- 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.whylimmunize.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
- 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>
- The Arizona Early Intervention Program (AzEIP) provides support to families of children birth to three years of age, with disabilities or special developmental needs, and helps them to build on their children's strengths, enhancing and promoting growth, development and learning.
 - Online: <https://extranet.azdes.gov/azeip/AzeipREF/Forms/Categories.aspx>
This is the fastest and most efficient method for professional referrals. To receive confirmation of the assigned AzEIP provider, please include your work email address and you will be notified.
 - Contact the local AzEIP office: <https://extranet.azdes.gov/AzEIP/FamilyInfo/FamilyInformation/FamilyInfo.aspx>

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.....CMDPclaimsquestions@azdcs.gov
Provider Services.....CMDPProviderServices@azdcs.gov
Behavioral Services.....CMDPBHC@azdcs.gov
Member Services.....CMDPMemberServices@azdcs.gov



ARIZONA
DEPARTMENT
***of* CHILD SAFETY**
Comprehensive Medical
and Dental Program

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.