Provider Review

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Primary Care Provider and AHCCCS Requirements

AHCCCS requires the Primary Care Provider (PCP) coordinates the Transfer of Care to the RBHA or CRS Contractor for Title XIX/XXI members who require behavioral health services to include continued medication management.

AHCCCS requires that a medical record is established by the PCP/Provider for an enrolled member when behavioral health information is received from a RBHA or CRS Contractor, even if the PCP/Provider has not yet seen the assigned member.

AHCCCS requires timely and confidential communication of clinical information among Providers. **This includes the coordination of member care between PCPs and RBHA Providers.**

Diagnostic, treatment and disposition information related to a specific member must be transmitted to the PCP and other Providers, including behavioral health Providers, as appropriate, to promote Continuity of Care and Quality Management of the member's healthcare.

Comprehensive Medical & Dental Program

Medical and Behavioral Health Services for Children in Care

The AAP issued a policy statement addressing Healthcare Issues for Children and Adolescents in Foster Care and Kinship Care on October 2015, and is an excellent resource to assist in the understanding and challenges of caring for children in foster care. http://pediatrics.aappublications.org/content/pediatrics/136/4/e1131.full.pdf

CMDP recognizes that the children in our care deserve special nurturing and attention due to the trauma or neglect they may have encountered before coming into foster care, and due to the transitions and ever-changing situations that children in foster care may endure. As such, we fully support and encourage Providers to follow the best practices outlined in the AAP policy statement.

In addition to the routine EPSDT schedule that is expected for all children in AHCCCS, it is expected that children in CMDP are provided with the Recommended Screening, Assessment and Enhanced Visitation schedules for children in Foster Care which include:

- An initial health screening within 72 hours of placement
  - ◊ Younger or preverbal children who are suspected victims of abuse or any child with a chronic medical or developmental condition should be seen within 24 hours
- Followed by a comprehensive evaluation in the first 30 days from removal, to evaluate the child's Medical, Dental, Behavioral Health, Developmental and Educational needs, i.e. an EPSDT.
- Children should have at least 3 health encounters in the first 3 months of foster care, allowing the pediatrician to monitor the child's adjustment to the placement and also assist the caregiver in helping the child.

For children in foster care, these are the recommendation:

- Children are seen monthly in the first 6 months of life.
- Every 3 months from 6- 24 months of age.
- Children are then seen at a minimum every 6 months to monitor their health, emotional wellbeing development, psychosocial stressors, continued adjustment to their foster family and visitation with birth parents or other relatives.
- The default should be close monitoring as transitions in placement, changes in visitation and separation of siblings are all events that indicate the need for closer supervision.
- CMDP recommends that children older than 2 years be seen 4 times a year (including the yearly EPSDT visit).
- **Participation in the EPSDT program is mandatory for all children under 21 years of age who are enrolled in Medicaid.**

At every visit it is important for the PCP/Provider to assess not only the overall health of the child, but also focus on the developmental, educational and emotional needs, as well as the ability of the caregiver to meet those needs.

PCP/Providers should screen for signs of abuse and neglect at every health encounter and remain alert to the quality of the caregiver-child relationship. Any concerns should be reported immediately to the DCS Specialist, or called into the Child Abuse Hotline.

Every visit should conclude with clear instructions to the caregiver, including the specific expected follow up. Copies of the visit and instructions should be provided to the DCS Specialist.

Trauma Informed Care

The PCP/Provider's office should have this aspect of care when addressing the health of foster children. The PCP/Provider is in the perfect position to educate caregivers, parents, and Specialists on the effects of childhood trauma on a child's emotional and developmental health. This includes:

- Explaining the child's behavior in the context of the child's previous trauma and on-going stress.
- Educating the caregiver on positive parenting.
- Focusing on the child's strengths and talents to help diffuse tension and promote resilience.
- Understanding that children love their birth parents and worry about them even though they may feel safer in foster care and recognizing that the conflicting feelings a child may be experiencing can promote caregiver understanding.

In addition to the PCP/Provider visits outlined above, the child entering foster care should have their first dental visit in the first 30 days followed by routine visits every 6 months, in addition to any acute care visits. The PCP/Provider is vital in explaining the im-

portance of dental care to the family.

The child's Medical and Dental services are covered by CMDP.

The child's Behavioral Healthcare is covered by the RBHA

- When a child is removed, a Rapid Response Referral is made in the first 24 hours of the child being taken into custody.
    - Within 72 hours of this referral, the child should have an in-home assessment by a RBHA provider.
    - Within 7 days of the assessment, the child should have an Intake Assessment by a RBHA provider.
    - Within 21 days of the assessment, the child should have their first service (behavior coaching, therapy, group therapy, etc.).
    - Ongoing services are continued and managed through the CFT (Child and Family Team) process.

Information Gathering/Coordination of care

Although the DCS Case Manager is ultimately responsible for collecting all of the health information on the child to present to the pediatrician. In reality, it is often difficult for the Case Manager to collect this information.

The PCP can assist in this endeavor by requesting records from the Newborn Screening Program, which can sometimes identify the hospital of birth allowing the PCP to get records form the hospital. Hospital records provide valuable information regarding substance exposure, newborn screening results, hearing screen results – congenital heart disease screening, etc. Information can also be gleaned through a perusal of the Arizona State Immunization Information System (ASIIS). The ASIIS provides information regarding the physician/medical system that administer the immunizations offering another source for records.

CMDP also assists in the collection of information by requesting and providing records to the DCS Case Manager.

The DCS Specialist ultimately has responsibility to coordinate the care for a child in foster care, but often does not have the medical expertise. The PCP can assist the DCS Specialist by:

- Collecting information,
- Interpreting the information for the DCS Specialist.
- Providing the DCS Specialist with a summary of each visit's findings, the recommended treatment, and the required follow-up, in order to ensure the continued care of the child.

CMDP also encourages the medical and behavioral health systems to coordinate the care of the child by encouraging the PCP/Provider office to participate in the CFT with the child's behavioral health team to optimize the child's care.

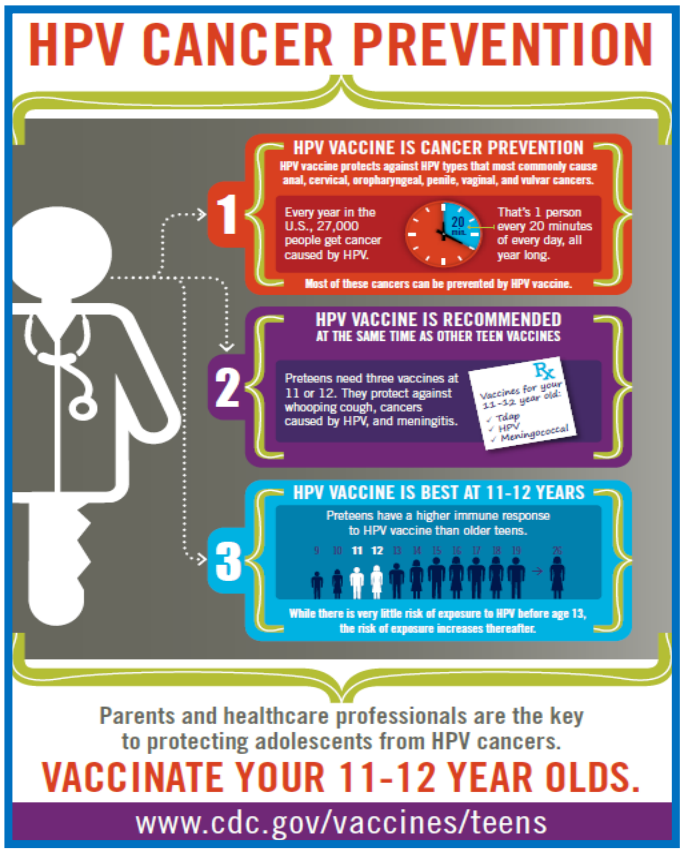
Verifying Eligibility

Member Services is the main point of contact for calls to CMDP. Member Services helps caregivers and members with questions, concerns or problems about healthcare services.

The Member Services department answers questions about enrollment, eligibility and member identification cards. They can also assist you with finding a healthcare provider or pharmacy.

A Member Services Representative can also receive all of the above-requested information via email at **CMDPMemberServices@azdes.gov**. Please state your request along with the member's name and CMDP ID number.

Two-Dose Vaccination Schedule for HPV Protection



October 19, 2016- The Centers for Disease Control and Prevention issued a press release.

CDC recommended that 11-12 year-olds receive two doses of HPV vaccine at least six months apart, rather than the previously recommended three doses, to protect against cancers caused by human papillomavirus (HPV) infections. Teens and young adults who start the series later, at ages 15 through 26 years, will continue to need three doses of HPV vaccine to protect against cancer-causing HPV infection.

The Advisory Committee on Immunization Practices (ACIP) voted to recommend a 2-dose HPV vaccine schedule for young adolescents. ACIP recommendations approved by the CDC Director become agency guidelines on the date published in the Morbidity and Mortality Weekly Report (MMWR).

Two doses of HPV vaccine given at least six months apart at ages 11 and 12 years will provide safe, effective, and long-lasting protection against HPV cancers. Adolescents ages 13-14 are also able to receive HPV vaccinations on the new 2-dose schedule.

On October 7, 2016, the U.S. Food & Drug Administration (FDA) approved adding a 2-dose schedule for 9-valent HPV vaccine (Gardasil® 9) for adolescents ages 9 through 14 years. CDC encourages clinicians to begin implementing the 2-dose schedule in their practices to protect their preteen patients from HPV cancers.

CDC and ACIP made this recommendation after a thorough review of studies. CDC and ACIP reviewed data from clinical trials showing two doses of HPV vaccine in younger adolescents (aged 9-14 years) produced an immune response similar or higher than the response in young adults (aged 16-26 years) who received three doses.

Immunize your patients with the HPV vaccine. Protect them from one of the most common sexually transmitted infections and HPV cancers.

References
https://content.govdelivery.com/accounts/USCDC/bulletins/16c9221

You Call the Shots

The Centers for Disease Control and Prevention offers an interactive web-based training course called "You Call the Shots". The site is easy to use and offers the most recent updates and best practice recommendations for anyone requiring information about vaccines. Topics are delivered in modules complete with self-practice questions to test the learner's comprehension of the material. Instructional content is provided for many commonly administered vaccines and provides the user with a description of the vaccine, indications for its use, contraindications, administration instructions and much more. Other topics offered are "Understanding the Basics: General Recommendations on Immunization", "Vaccines for Children" and "Vaccine Storage and Handling". Participants can also earn continuing education credit or a Certificate of Participation.

To use this wonderful resource, go to http://www.cdc.gov/vaccines/ed/youcalltheshots.html

FDA Alerts and Black Box Warnings

July

- 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.

- 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 healthcare 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. FDA found unsanitary conditions, poor sterile production practices, environmental contamination for multiple sites within the clean rooms, and other deficiencies.

August

- 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. These products are being recalled due to contamination with Burkholderia cepacia.

September

- FDA announced that the company had issued a voluntary nationwide retail level recall (partial lot recall) of 4 oz. (118mL) eye-wash, purified water solution, due to potential for microbial contamination. Use of the affected products could lead to a sight-threatening eye infection.

- Virtus Pharmaceuticals Opco II, LLC (Virtus) is voluntarily recalling seven batches of Hyoscyamine sulfate (0.125mg) to the consumer level which include the tablet, sublingual, and orally disintegrating tablet form. This recall is being initiated due to both super-potent and sub-potent test results. All of these batches were manufactured by Pharmatech LLC for distribution by Virtus throughout the United States and Puerto Rico. Taking a product that is super-potent could result in hot/dry skin, fever, blurred vision, sensitivity to light, dry mouth, unusual excitement, fast or irregular heartbeat, dizziness, an inability to completely empty the bladder, and seizures. The severity of the adverse event would depend on how super-potent the tablet was. Adverse events such as clotted blood within the tissues and fractures could occur, as a result of falls from dizziness or seizures if the strength is particularly high.

- Novo Nordisk Inc. and the FDA announced that the company had issued a voluntary nationwide recall (partial lot recall) of 6 batches of GlucaGen HypoKit, due to two customer complaints outside the U.S. regarding detached needles of the syringe with the sterile water for injection. The manufacturer believes that a very small number of products could be affected (0.006%), but has recalled 6 batches as a precaution. The affected products were distributed starting February 15, 2016.

October

- Baxter International Inc. is voluntarily recalling all unexpired lots of 50mm 0.2 micron filters due to the potential for a missing filter support membrane and for potential presence of particulate matter. All unexpired lots are subject to the recall. These issues are associated with a component manufactured by an external supplier, and were identified prior to patient involvement as a result of complaints from customers at compounding facilities.

- Nurse Assist, Inc. voluntarily recalled its I.V. Flush Syringes after becoming aware of patients developing *Burkholderia cepacia* bloodstream infections while receiving intravenous care using their prepackaged saline flushes.

- Vascular Solutions Inc. initiated a nationwide recall of Twin-Pass Dual Access catheters used in catheterization procedures. The recalled products were distributed from October 2014 to September 2016. All unexpired lots of the product have been recalled because there is a potential for excess manufacturing material to remain at the tip of the catheter or within the distal portion of the rapid exchange lumen. It is possible that the excess material may separate from the catheter during use and pose a potential risk of embolism.

- Par Pharmaceuticals, Inc. voluntarily recalled certain lots of Gildess(r) products on September 26, 2016. The impacted lots of drug product have exhibited a reduction in the level of Ethinyl Estradiol. The lot numbers being recalled were shipped between December 30, 2014 and July 21, 2016.

Developmental and Behavioral Health Screenings by the PCP: Use of the PEDS Tool, ASQ, and M-CHAT

Arizona Healthcare Cost Containment System (AHCCCS) approved developmental screening tools, including the Parent's Evaluation of Developmental Status (PEDS) Tool, Ages and Stages Questionnaire (ASQ), and the Modified Checklist for Autism in Toddler (M-CHAT). All participating Primary Care Providers (PCPs) who care for AHCCCS members, ages 0 through 20 years, should utilize these for developmental screening. The developmental screening should be completed for AHCCCS children during the Early, Periodic Screening, Diagnostic, and Treatment (EPSDT) visits. A copy of the screening tool must be kept in the medical record. Use of AHCCCS-approved developmental screening tools may be billed separately using Current Procedural Terminology (CPT) code 96110 (Developmental screening, with interpretation and report, per standardized instrumentation) **with the EP modifier**. Due to the at-risk nature of the population, CMDP reimburses for screenings done on all age-appropriate children, not just those at the 9-month, 18-month and 24-month visits.

The Arizona Chapter of the American Academy of Pediatrics (AzAAP) is happy to announce the release of its newly redesigned training and resource website. AzAAP is pleased to offer an M-CHAT-R/F (Modified Checklist for Autism in Toddlers, Revised with Follow-Up) tool training and certification course, in addition to a newly updated PEDS (Parent's Evaluation of Developmental Status) tool training and certification course. The site will continue to house these and other Non-CME trainings, and will provide information on opportunities for CME credit as well.

azaaPEDucate.org is cleaner and easier to navigate, and is the future location of the Chapter's ***new*** resource library and practice management courses.
http://azaapeducate.org/

What is AzEIP?

The State of Arizona defines as eligible for supports and services through the Arizona Early Intervention Program (AzEIP): a child between birth and 36 months of age who is developmentally delayed or who has an established condition which has a high probability of resulting in a developmental delay, as defined by the State.

What developmental delayed conditions are eligible for AzEIP?

- Chromosomal Abnormalities
- Metabolic Disorders
- Disorders reflecting disturbance of the nervous system, such as Autism Spectrum disorders, Seizure disorders and children born addicted to narcotics, alcohol or illegal substances
- Hydrocephalus
- Spina Bifida (neural tube defects)
- Intraventricular Hemorrhage (IVH), Grade 3 or 4
- Periventricular Leukomalacia
- Cerebral Palsy
- Significant Auditory Impairment
- Significant Visual Impairment
- Failure to Thrive/Pediatric Undernutrition
- Severe Attachment Disorders
- Disorders secondary to exposure to toxic substances, including Fetal Alcohol Syndrome

Authorization process for AzEIP:
If a member is **eligible** for AzEIP:

- Submit authorization with documentation showing why it is medically necessary, including current evaluation with test score and IFSP (please include frequency and duration).
- After submission of the AzEIP Member Service Request, authorization would be reviewed by the medical staff, having up to 14 days for determination.
- If after review and deemed medically necessary for services, we would recommend services start within 3 weeks of approval date.

Retrieved from: https://des.az.gov/services/disabilities/early-intervention/arizona-early-intervention-program-azeip-eligibility
Retrieved from: https://des.az.gov/sites/default/files/azeip_chapter_3_Early_Intervention_Services_FFY16.pdf

CMDP Supports our Transgender Members

Comprehensive Medical and Dental Program (CMDP) is committed to providing our members with quality care, support and the dignity they need to be healthy and safe.

We understand the baseline issues that our members face with being in an "out-of-home" living arrangement, and that the challenges we face in healthcare in determining best practice for transgender youth lie in the fact that development is different for each individual. Although there are standard ranges for when children will begin reaching puberty, the age at which children begin to assert a gender identity that is distinct from their assigned sex at birth will greatly vary.

Regardless of the age and/or stage of the process that a transgender youth begins to express their feelings of gender dysphoria, Providers of transgender youth care should be skilled at meeting their needs.

High quality care for transgender youth should not rely totally on the pediatric endocrinologists, but can consist of all qualified Providers such as general pediatricians, specialists in adolescent medicine, family medicine, medicine/pediatrics, nurse practitioners, physician assistants, as well as behavioral health professionals who will play a critical role in their care and overall well-being.

CMDP understands that our transgender youth will benefit the most from a well-rounded team and support system. CMDP promotes the involvement of Behavioral Health supports, as well as specialists in the care of transgender youth to promote improved quality of life and diminish gender dysphoria.

Behavioral health supports are crucial in the support of transgender child who may have experienced transphobia, and can assist the youth with developing strategies around disclosure, self-acceptance and integration of transgender identity, intimate partnerships and other social issues that the child may experience.

A supportive PCP is also crucial to the well-being of transgender youth and children. The PCP can help the family in navigating the healthcare system to obtain the needed support and treatment. CMDP is happy to assist if needed.

References/Resources

AAP News: August 3, 2016: Letter from the President: Pediatricians should not be transgender children's first bully.
In September 2016 the **American Academy of Pediatrics (AAP)** and the **American College of Osteopathic Pediatricians (ACOP)**, which together represent more than 66,000 pediatricians and pediatric specialists across the country, joined the **Human Rights Campaign (HRC) Foundation**, the educational arm of the nation's largest lesbian, gay, bisexual, transgender and queer (LGBTQ) civil rights organization, to release **Supporting and Caring for Transgender Children**, a new guide for community members and allies to ensure that transgender young people are affirmed, respected, and able to thrive.

Center of Excellence for Transgender Health (2016). Health considerations for gender non-conforming children and transgender adolescents. Olsen-Kennedy, J., Rosenthal, S., Hastings, J., and Wesp, L.

Retrieved from http://transhealth.ucsf.edu/trans?page=guidelines-youth

Newborn Intensive Care Program (NICP)

- Any baby who has spent at least five days in a level II or level III nursery (NICU) qualifies for this **FREE statewide program**. Neonatologist can override the five day requirement.
- NICP arranges in-home community health nursing services provided by a Registered Nurse (RN) to assist families caring for NICU-discharged babies. These families can be birth families or caregivers such as relatives or foster parents.
- NICP services include physical assessments and evaluations regarding nutrition, feeding, and child development. Each visit provides assistance finding medical care, community resources, financial assistance, counseling, parenting skills, and free books for baby.
- Your baby can be visited by the nurse until he/she is 12 months old or longer if needed.
- This program is available in all areas of the state. Referrals usually generate from the hospital but can come from the provider community, or parents or caregivers.
- The statewide contact is **Brenda Nichols**, who can be reached at **602-364-1462.**

Smooth Way Home (SWH)

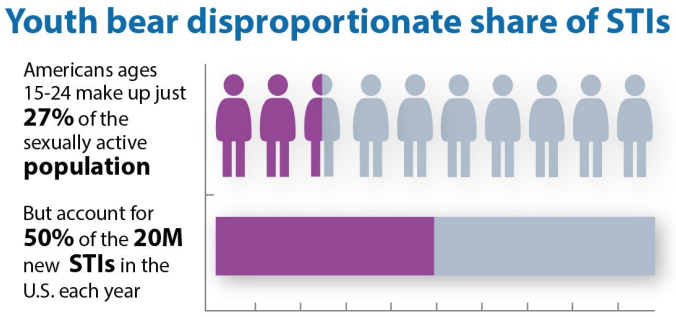
- The Smooth Way Home (SWH) program provides home visiting for babies coming out of NICU for any length of stay that may need additional support and resources.
- SWH is a **FREE home visitor program only in Maricopa County** for babies under the age of eight months old that are ineligible for Arizona Early Intervention Program (AzEIP).
- SWH Fragile Infant Specialists have years of experience working with babies transitioning home from NICU and can assist with child development and medical concerns, emotional support, and community resources.
- For more information, please contact **Rachael Cervantes** at **602-633-8455**.

STD Rates at an All-Time High

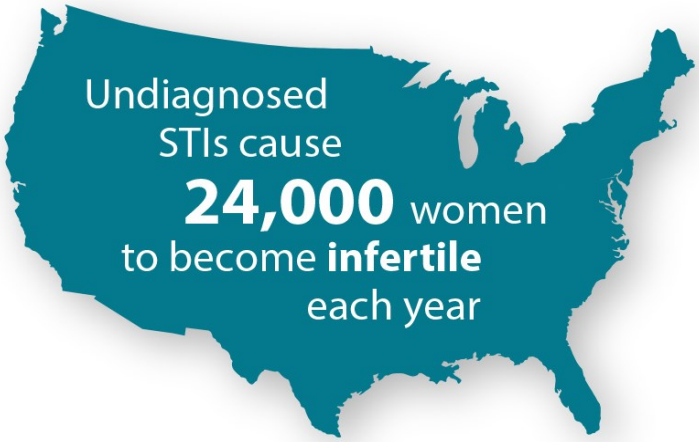
The Centers for Disease Control has released its 2015 rates for Chlamydia, Gonorrhea and Syphilis infections in the United States. Previously, 2014 had higher sexually transmitted disease (STD) cases than previous years and unfortunately, 2015 was not any different. There has been an increase in all three of these reported STD's:

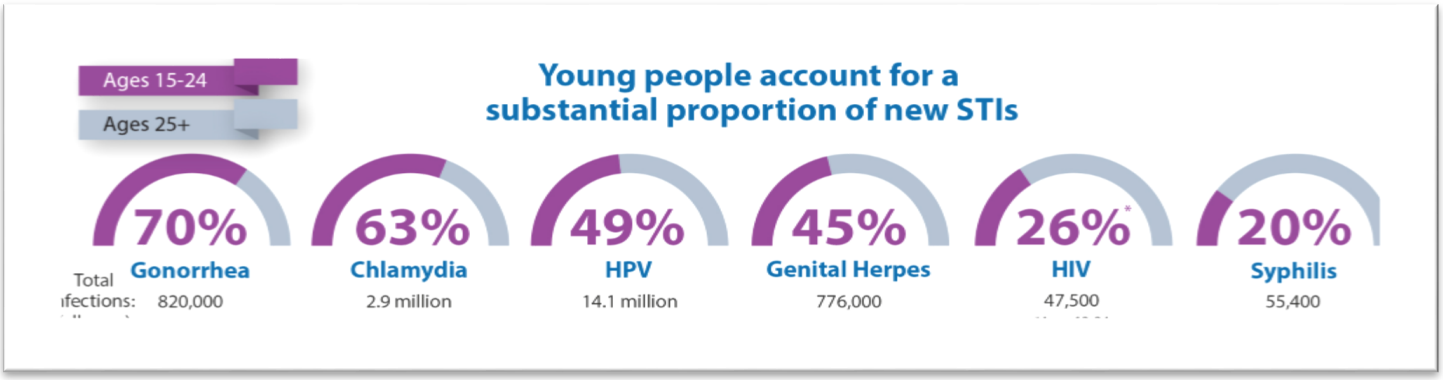
- A 5.9% increase in chlamydia cases was seen compared to 2014. Among the 1,526,658 reported cases, youth between the ages of 15-24 were most affected.
- There were 395,216 cases of Gonorrhea which is a 12.8% increase from 2014. Once again, youth between the ages of 15-24 accounted for half of these cases.

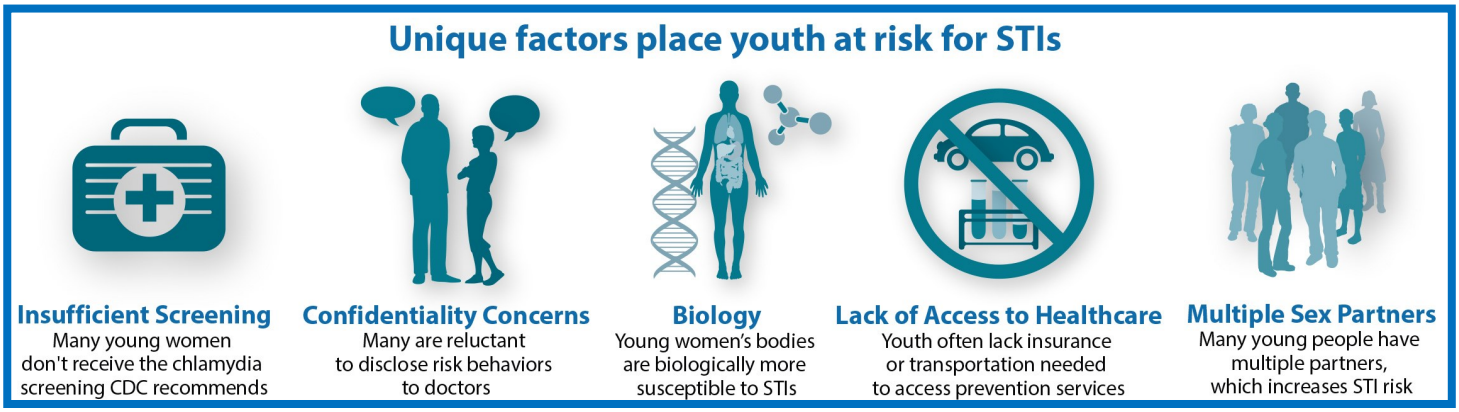
Primary and secondary syphilis cases accounted for the greatest increases than chlamydia and gonorrhea. In 2015, there were 23,872 cases which is a jump from the 19,999 syphilis cases in 2014. Among these cases, gay and bisexual men account for 82% of the reported cases and the mother-to-child transmission of syphilis had a 6% increase.



Consequences of STIs are particularly severe for young women

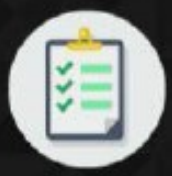






Health Care Providers:
Help protect our last treatment option for gonorrhea

Gonorrhea is developing resistance to the antibiotics used to treat it. We have only one recommended treatment option left. Help protect it.



Always **follow** CDC screening and treatment guidelines

Report treatment failures to your health department's STD program

Prevent reinfection by notifying and treating partners

CDC is committed to ensuring that we have safe and effective treatment for gonorrhea. **We can't do it without you.**

Learn more at www.cdc.gov/std/gonorrhea/arg

Centers for Disease Control and Prevention
National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention

Are you testing your teen patients?

CMDP covers testing, treatment and counseling for STD's.
Test your patients. Treat your patients and their partners. Counsel your teen patients on the prevention of STDs.
Every teen EPSDT should include family planning, STD prevention counseling and testing as applicable.

2015 Sexually Transmitted Treatment Guidelines can be found here
http://www.cdc.gov/std/tg2015/specialpops.htm#adol
EPSDT should include family planning, STD prevention counseling and testing as applicable

STD fact sheets to give your patients can be found here
http://www.cdc.gov/std/healthcomm/fact_sheets.htm

References
https://content.govdelivery.com/accounts/USCDC/bulletins/15742a6
https://www.cdc.gov/nchhstp/newsroom/docs/factsheets/std-trends-508.pdf
http://www.cdc.gov/std/stats14/syphilis.htm

Current Trends In Fluoride

In 1909 when Drs. McKay and G.V. Black set out to determine the cause of a dark brown discoloration of teeth, know at that time as the "Colorado Brown Stain", no one would have guessed that it would lead to one of the greatest preventive discoveries in dentistry: Fluoride.

Fluoride has been called one of the ten greatest public health achievements in the 20th century by the Centers for Disease Control and Prevention. 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.

Recently fluoride, especially community water fluoridation, has come under scrutiny as to how effectual it remains with reducing carious lesion. Recent data suggest community water fluoridation has a caries reduction of approximately 25%. Much of this is due to preventive care and fluoridated toothpaste. However, because of surrounding communities being fluoridated and foods being transferred from areas of fluoridation, a "Fluoride Halo" is established and you may never be truly fluoride free. However community water fluoridation still remains one of the best preventive treatments for those of lower socioeconomic status with limited access to preventive dental care.

With the exposure to fluoride on so many levels and in order to avoid fluorosis or the "Colorado Brown Stain", community water fluoridation levels have now been adjusted to an optimum of 0.7 ppm. This plays a large role for an infant consuming formula that is reconstituted with from optimally-fluoridated water community water sources. With the fluoride content of ready-to-use infant formulas in the U.S. and Canada already containing fluoride from 0.1 to 0.3 mg/L one can exceed optimum fluoride levels resulting in fluorosis of dentition.

The American Academy of Pediatric Dentistry encourages the brushing of teeth with appropriate amounts of fluoride toothpaste (e.g., no more than a smear or rice-sized amount for children less than three years of age; no more than a pea-sized amount for children aged three to six) twice daily for all children, in addition to the application of professional fluoride treatments such as fluoride varnish for all children at risk for dental caries.

A recent addition to the United States market is Silver Diamine Fluoride know as "Advantage Arrest". 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 downside to Silver Diamine Fluoride is cosmetic as it blackens the tooth when applied.

-Dr. Michael LaCorte

Recommendations For Preventative Pediatric Oral Healthcare

These recommendations are designed for the care of children who have no contributing medical conditions and are developing normally. These recommendations may require modification for children with special healthcare needs.

AGE	12-24 months	2-6 years	6-12 years	12 years and older
Clinical oral examination including but not limited to the following:[1]	X	X	X	X
Assess oral growth and development	X	X	X	X
Caries-risk Assessment	X	X	X	X
Assessment for need for fluoride supplementation	X	X	X	X
Anticipatory Guidance/Counseling	X	X	X	X
Oral hygiene counseling	X	X	X	X
Dietary counseling	X	X	X	X
Injury prevention counseling	X	X	X	X
Counseling for nonnutritive habits	X	X	X	X
Substance abuse counseling			X	X
Counseling for intraoral/perioral piercing			X	X
Assessment for pit and fissure sealants		X	X	X
Radiographic Assessment	X	X	X	X
Prophylaxis and topical fluoride	X	X	X	X

[1] First examination is encouraged to begin by age 1. Repeat every 6 months or as indicated by child's risk status/susceptibility to disease.

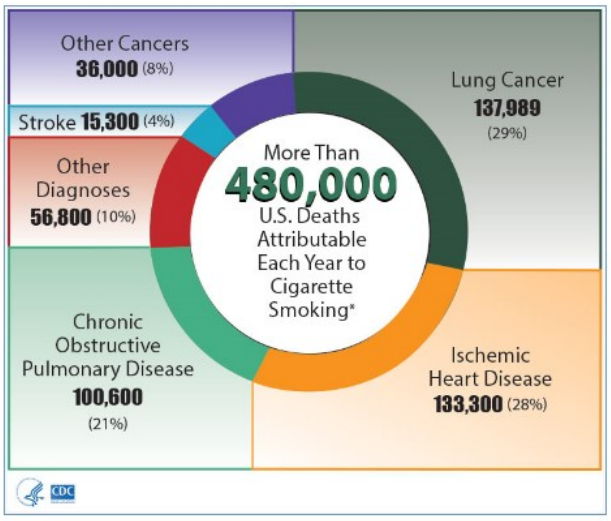
NOTE: Parents or caregivers should be included in all consultations and counseling of members regarding preventive oral healthcare and the clinical findings.

NOTE: As in all medical care, dental care must be based on the individual needs of the member and the professional judgment of the oral health provider.

* Adaptation from the American Academy of Pediatric Dentistry Schedule

Helping Someone To Quit Using Tobacco

Annual Deaths Attributable to Cigarette Smoking—United States, 2005–2009



Often people want to help someone quit using tobacco. It is important to understand that a person will usually only quit when he or she is ready. Often concerns for a person's health can seem like nagging, so it's best to get yourself some help on how to encourage a person to quit without being pushy.

If you are a healthcare professional or employer looking to help your employees quit, get more information through the Arizona Smokers' Helpline (ASHLine) referral program.

Recent research shows that about 70% of smokers think about quitting each year. In addition, advice from a health professional to quit smoking is cited by tobacco users as the number one motivator to quit. Doctors who advise all tobacco-using patients to quit smoking at every visit can make an impact on Arizona's tobacco use rate.

The Arizona Smokers' Helpline can help you become more comfortable talking to your patients about quitting tobacco use. ASHLine outreach professionals can assist you in developing tobacco screening and intervention policies, get you registered to make patient referrals, help you track referrals in our database, and even show you how to bill for intervention services. The resources and technical assistance provided by the Arizona Smokers' Helpline (ASHLine) are free.

To start making referrals, call them at **1-800-55-66-222 x208** to set up a WebQuit account and they will schedule a member of their staff to call you.

If you are interested in formal training to help others quit tobacco, become a well-informed advocate through the ***Helpers Program*** at ASHLine.

Quitting Is A Process

For many, quitting tobacco may be the hardest thing they do in their lifetime. Remember:

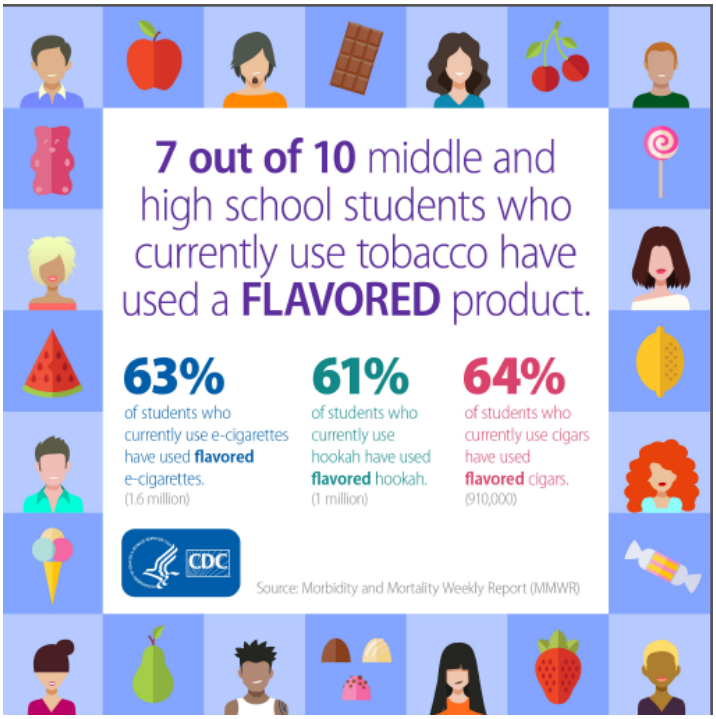
- You cannot do the work for them.
- You can get information and assistance from the Arizona Smokers' Helpline (ASHLine) by calling**1-800-55-66-222** and requesting an information packet.
- You can continue to encourage someone to quit tobacco; sooner or later he or she just might listen.
- Understand the best possible solution for quitting includes getting support and using medications together.
- Encourage them to get help by calling the Arizona Smokers' Helpline (ASHLine) at **1-800-55-66-222** or asking their doctor for help. Better yet, ask them to do both.

Medications Do Help

People who use medications to help them quit, especially in the early stages of quitting, really do tend to stop using tobacco longer. However, many people are confused by the medication options available to help them quit tobacco. We always recommend people use the medications approved by the Food and Drug Administration (FDA).

http://ashline.org/quitting/helping-someone-quit
Need help talking to your patient about quitting?
http://www.cdc.gov/tobacco/data_statistics/sgr/2010/clinician_sheet/pdfs/clinician.pdf

E Cigarettes, Smokeless Tobacco and Other Nicotine Related Issues



Tobacco exposure and use in the youth today is an ever changing landscape. Children in middle school are trying out their first cigarette. Have you addressed this at their well check?

Smokeless tobacco is another product that needs to be addressed as well, in particular with our teen athletes.

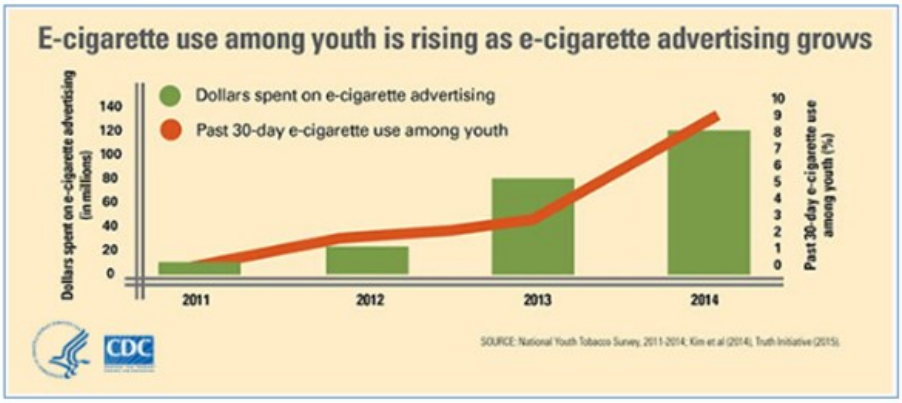
The advent of e-cigarettes has changed the landscape of nicotine exposure and addiction. Increased advertising targeting youth is leading to increased use of e-cigarettes by children and youth.

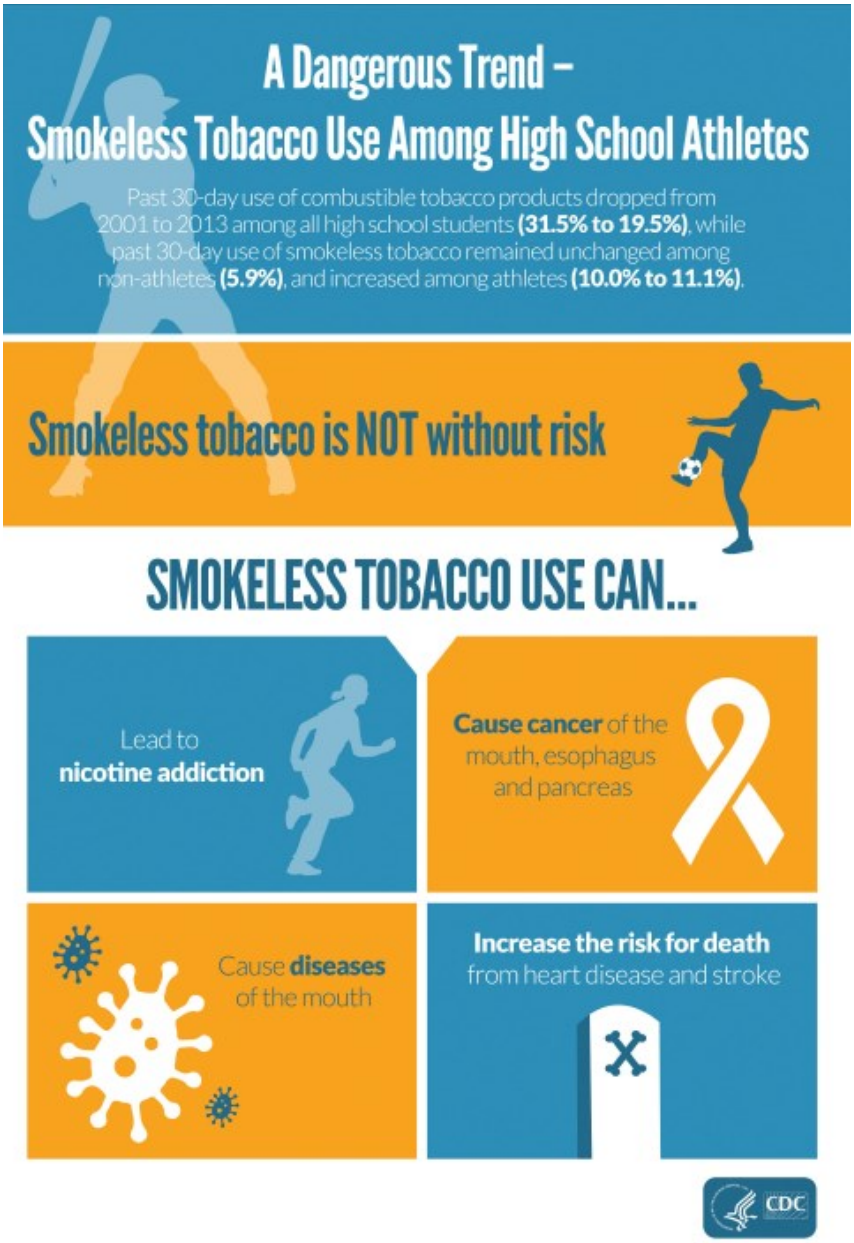
In 2014, e-cigarettes were the most commonly used tobacco product among middle (3.9%) and high (13.4%) school students.

It appears that e-cigarettes use is replacing traditional cigarettes. So that the overall nicotine use has remained constant in our adolescent population, despite a decline in cigarette use.

In 2014, a total of 24.6% of high school students reported current use of a tobacco product, including 12.7% who reported current use of ≥2 tobacco products.

Our youngest children are also the victims of e cigarettes, not only in the exposure to secondhand smoke, but also in the nicotine overdose/poisoning realm, as they come into contact or ingest the liquid from e-cigarettes.





In November 2015, the AAP issued a policy statement on Electronic Nicotine Delivery Systems.
http://pediatrics.aappublications.org/content/pediatrics/early/2015/10/21/peds.2015-3222.full.pdf

Pediatricians should screen families and counsel them on the health risks of electronic nicotine delivery systems (ENDS), which include electronic cigarettes (e-cigarettes).

Recommendations for pediatricians

- Incorporate screening for ENDS use and exposure when screening for tobacco use and exposure. Provide prevention counseling in clinical practice.
- Counsel youths, parents and caregivers about the harms of ENDS use and exposure, and the importance of never using nicotine-containing products. Parents should be advised to institute smoking bans that include ENDS (i.e., no ENDS use in home and cars) to avoid secondhand and third hand aerosol exposure and modeling of smoking behavior.
- Counsel parents that children should avoid contact with ENDS and ENDS solution to avoid accidental poisonings.
- Parents and teens who use ENDS should be offered or referred for tobacco-cessation counseling and tobacco dependence pharmacotherapies approved by the Food and Drug Administration.
- Become familiar with symptoms of acute nicotine poisoning.


Poison center calls
involving e-cigarettes
250
200
150
100
50
0
215
Calls per Month
1
Call per Month
September 2010
February 2014
CDC

Claims Modernization

EFT

Healthcare 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!

Reminder to Providers

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 1-800-201-1795 for further instructions.

Attention: Effective December 1st

The Comprehensive Medical and Dental Program (CMDP) is implementing a new process regarding the distribution of Warrants and Remittance advice.

Effective December 1, 2016, Providers will receive two separate mailings—one will include the Warrant and the other will include the Remittance advice.

If you have any question please call CMDP at 602-351-2245.

Cultural R-E-S-P-E-C-T

CMDP's members come from a wide range of diverse backgrounds. That means that our Providers need to be able to respect many different customs and beliefs. Every cultural group brings its own outlook and values to healthcare.

As a result, it's important for healthcare professionals to be flexible and to act with sensitivity. For example, a patient whose culture is heavily influenced by Western medicine may want to combat an illness with medication, while a patient whose culture relies on home remedies may wish to seek out more homeopathic solutions. Patients from certain cultures may shy away from disclosing specific symptoms or may feel uncomfortable accepting help. It's up to the Provider to be sensitive to their patients' needs.

Treating patients with regard to their backgrounds and beliefs is called "cultural competency," and it's what we expect from all of our Providers. When dealing with patients, it's always important to be considerate and respectful.

There are many online resources available to help you increase your cultural competency, including:
https://www.thinkculturalhealth.hhs.gov/
http://www.thinkculturalhealth.org/
http://www.hrsa.gov/culturalcompetence/

Language Line

Language Line Services are provided for members and caregivers to communicate with CMDP and healthcare Providers.

The service provides interpretation in over 140 languages, either by phone or written translation. **American Sign Language** is also available to help members and caregivers communicate with healthcare Providers.

CMDP asks 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.

Compliance Hotline

Did you know that CMDP has a Compliance Hotline? If you suspect fraud, waste, abuse, or any other misconduct, please call 602-771-3555. All calls will be kept confidential to the extent permitted by law. You may remain anonymous if you prefer.

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, so we're asking you to provide feedback regarding the type of information you would like presented, the format in which you would like the forums to be held, and approximate times that forums 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 Healthcare Cost Containment System (AHCCCS): Arizona's Medicaid agency that offers healthcare 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.

DEPARTMENT OF CHILD SAFETY
STATE OF ARIZONA

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.....DCSBHUnit@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.