Provider Review

Volume 6 Issue 1 2017

Controlled Substances and Potential Drugs of Abuse: Reporting Requirements for CMDP Providers

The abuse of prescription drugs is a serious societal and public health problem in the United States and in Arizona. According to data from Arizona's Controlled Substances Prescription Monitoring Program, there are approximately 10 million Class II-IV prescriptions written and 524 million pills dispensed each year. Prescription pain relievers account for more than half of the drugs dispensed in the state. As the use of these habit-forming drugs grows, so does the likelihood of adverse outcomes related to misuse and abuse.

Overdose deaths from prescription analgesics increased more than four-fold from 1999 to 2010 in the U.S. The Centers for Disease Control and Prevention (CDC) declared it an epidemic and Arizona is no exception. **Arizona ranked 6th highest in the nation in 2010 for drug overdose deaths and had the 5th highest opioid prescribing rate in the U.S.** in 2011.

Relieving pain and reducing suffering must be done in a manner that limits the personal and societal harm from prescription drug misuse and abuse. Arizona has created guidelines for the prescription of opiates. These guidelines are intended to help prescribers and patients by reducing the inappropriate use of controlled substances, improving safety and reducing harm while preserving the vital roles of clinicians and patients in the management of acute and chronic pain.

As an AHCCCS/CMDP provider, you are:

1. **Required** to review the State Board of Arizona Controlled Substances Prescription Monitoring Program (CSPMP) for data related to specific members when prescribing controlled substances and other sedating prescriptions.
2. **Required** to report any suspicion of drug diversion to the following agencies:

   - Arizona State Board of Pharmacy

   - DEA, for reporting theft or loss of controlled substances, at https://www.deadiversion.usdoj.gov/webforms/dtlLogin.jsp on the DEA Office of Diversion Control website

   - Local law enforcement and fraud alert networks The Office of Inspector General, U.S. Department of Health and Human Services, HHS OIG National Hotline, by calling; 1-800-HHS-TIPS (1-800-447-8477) or TTY 1-800-377-4950, or by visiting the website: https://forms.oig.hhs.gov/hotlineoperations/

   - CMDP or other AHCCCS Health Plan

   Our goal is to increase registration and utilization of the CSPMP

Inside this issue:

Specialty Pharmacy Change

Beginning February 21, 2017, CMDP's Specialty Pharmacy is changing from Diplomat to **MedImpact Direct Specialty**. MedImpact Direct Specialty pharmacies were carefully chosen to provide easy delivery and personalized service. CMDP's Member Service Representatives are available to help answer any questions you may have about this change. The new pharmacy will also work with members to transfer prescriptions and start service.

Questions? Please call CMDP Member Services at 1-800-201-1795 or MedImpact Direct Specialty at 1-877-391-1103, or email them at specialtyhub@medimpactdirect.com. For security reasons, we ask that you do not include any personal health or payment information in your email.

Prescription Opioid Fill Limitations

In October 2016, Governor Ducey signed an executive order as part of his initiative to curb fatalities attributable to Opioid Overdose. Governor Ducey also noted that children in particular are susceptible to addiction.

This executive order limits the initial fill of **all** prescription opioids to 7 days in all cases in which the state is the payer.

In addition, it limits all fills for children to 7 days except for children with cancer, chronic disease, or traumatic injury.

AHCCCS has implemented changes to policy to comply with the governor's executive order. AHCCCS Medical Policy Manual (AMPM) Chapter 300, Policy 310- V, Prescription Medication / Pharmacy Services has been revised.

So what does that mean for you as a provider?
A prior authorization (PA) is required for all prescriptions for long -acting opioid medications.

The majority of CMDP members are under 18 years of age.

For members under 18 years of age

A prescriber shall limit the **initial and refill** prescriptions for any short-acting opioid to no more than a 7-day supply.

An **initial** prescription for a short-acting opioid medication is one in which the member has not previously filled any prescription for a short-acting opioid medication within 60 days of the date of the pharmacy filling the current prescription, as evidenced by the member's Pharmacy Benefit Management (PBM) prescription profile.

The **initial and refill** prescription 7-day supply limitation for short-acting opioid medications ***does not*** apply to prescriptions for the following conditions and care instances:

- Traumatic injury, excluding post-surgical procedures
- Postsurgical procedures
- Children on opioid wean at time of hospital discharge
- Skilled nursing facility care
- Active oncology diagnosis
- Hospice care
- End-of-life care (other than hospice)
- Palliative care
- Chronic conditions for which the provider has received PA approval through the Health Plan

The **initial** prescription 7-day supply limitation for short-acting opioid medications does not apply to prescriptions for post-surgical procedures.

Initial prescriptions for short-acting opioid medications for post-surgical procedures are limited to a supply of no more than **14** days.

Refill prescriptions for short-acting opioid medications for post-surgical procedures are limited to no more than a 7-day supply.

For Members 18 years of age and older

A prescriber shall limit the **initial** prescriptions for any short acting opioid to no more than a 7 day supply.
An **initial** prescription for a short-acting opioid medication is one in which the member has not previously filled any prescription for a short-acting opioid medication within 60 days of the date of the pharmacy filling the current prescription, as evidenced by the member's Pharmacy Benefit Management (PBM) prescription profile.

The **initial** prescription 7 day supply limitation for short-acting opioid medications *does not* apply to prescriptions for the following conditions and care instances:

- Active oncology diagnosis
- Hospice care
- End-of-life care (other than hospice)
- Palliative care
- Skilled nursing facility care
- Traumatic injury, excluding post-surgical procedures
- Post-surgical procedures (initial prescriptions for short-acting opioid medications for post- surgical procedures are limited to a supply of no more than 14 days)

Prescriptions for longer timeframes that do not fit in the exclusion criteria will need prior authorization from the health plan.

Exclusions to this policy

- **Traumatic injury, excluding post-surgical procedures:**
  The Prescriber must notify the pharmacy that the prescription for the short-acting opioid is for the applicable ICD-10 CM trauma code from Exhibit 310-v-3. This process may be completed by writing the applicable ICD-10 CM trauma code on the hard copy of the prescription or communicating it telephonically, electronically, or via fax to the pharmacy.

- **Post-surgical procedures:**
  The Prescriber must notify the pharmacy that the prescription for the short-acting opioid for 14 days is for post-surgical care. This process may be completed by writing "post-surgical care" on the hard copy of the prescription or communicating it telephonically, electronically, or via fax to the pharmacy.

- **Children on an active wean at the time of hospital discharge:**
  The Prescriber must notify the pharmacy that the short-acting opioid prescription is for a child on opioid wean at the time of hospital discharge. This process may be completed by writing "child on opioid wean at the time of hospital discharge" on the hard copy prescription or communicating it telephonically, electronically, or via fax to the pharmacy.

- **Skilled Nursing Facility (SNF):**
  The Prescriber must notify the pharmacy that the short-acting opioid is for SNF care. This process may be completed by writing "SNF care" on the hard copy of the prescription or communicating it telephonically, electronically, or via fax to the pharmacy.

- **Active oncology diagnosis:**
  The Prescriber must notify the pharmacy that the short-acting opioid prescription is for G89.3 *Neoplasm related pain*. This process may be completed by writing the ICD-10CM code on the hard copy prescription or communicating it telephonically, electronically, or via fax to the pharmacy.

- **Hospice Care:**
  Members enrolled in Hospice Care are exempt from this policy. Prescriptions for these members are usually obtained from the Hospice Provider's designated pharmacy—not through the general pharmacy network. If a prescription for a short-acting opioid is filled at a non-hospice pharmacy, the prescriber must notify the pharmacy that the prescription is for hospice care. This process may be completed by writing "hospice care" on the hard copy prescription or communicating it telephonically, electronically, or via fax to the pharmacy.

- **End of life care (other than hospice):**
  The Prescriber must notify the pharmacy that the short-acting opioid prescription is for "end-of-life care." This process may be completed by writing "end-of-life care" on the hard copy prescription or communicating it telephonically, electronically, or via fax to the pharmacy.

- **Palliative care:**
  The Prescriber must notify a non-Hospice pharmacy that the short-acting opioid prescription is for palliative care. This process may be completed by writing "palliative care" on the hard copy prescription or communicating it telephonically, electronically, or via fax to the pharmacy.

Avoiding Unintended Consequences

It is extremely important that you associate your prescription with an appropriate diagnosis. This information will be sent to the pharmacy with your prescription and can greatly decrease the chances of delay in the dispensing of the medication.

If writing the prescription, add in the diagnosis code and any special circumstances that may apply. This process may be completed by writing ICD10 diagnosis code and circumstance such as "hospice care" or "child on opioid wean at the time of hospital discharge" on the hard copy prescription or communicating it telephonically, electronically, or via fax to the pharmacy.

Resources

A list of ICD10 Diagnosis codes can be found on the AHCCCS website: AMPM Exhibit 310-V-3

A list of 7-day supply of Prescription Opioid Medications Exclusion Specifications can be found on the AHCCCS website, as well: AMPM Exhibit 310-V-2

Updated AHCCCS information can be found at:
https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/300/310V.pdf

FDA Alerts and Black Box Warnings

November/December 2016 and January 2017

November-

Cantrell Drug Company is voluntarily recalling certain unexpired sterile drug products due to lack of sterility assurance. Administration of a drug product intended to be sterile that is not sterile could result in serious infections that may be life-threatening. Read the MedWatch safety alert, including a link to the press release, at:
http://www.fda.gov/Safety/MedWatch/SafetyInformation/SafetyAlertsforHumanMedicalProducts/ucm529791.htm

December-

FDA has concluded after much research that use of the type 2 Diabetes medicine Pioglitazone (Actos, Actoplus Met, Actoplus Met XR, Duetact, Oseni) may be linked to an increased risk of bladder cancer. The labels of pioglitazone-containing medicines already contain warnings about this risk and FDA has approved label updates to describe the additional studies reviewed. Read the MedWatch safety alert, including a link to the Drug Safety Communication, at:
http://www.fda.gov/Safety/MedWatch/SafetyInformation/SafetyAlertsforHumanMedicalProducts/ucm532772.htm

January- none

Secondhand Smoke and Passive Smoking

Smoking is not only harmful to the smoker but to the people around them as well.

As a Provider, addressing passive smoking is as important as assisting a patient or parent with smoking cessation.

Secondhand smoke is known to cause cancer. It has been linked in adults to cancer of the lungs, throat, nasal sinuses, brain, bladder, rectum, stomach and breast. It is possibly linked in children to lymphoma, leukemia, liver cancer and brain tumors.

Are you counseling your patients on Secondhand Smoke?

Some suggestions for the family:

Make the home and car smoke-free zones

Avoid exposing your children and yourself to smoke

If you smoke, wear clothing that you can remove when you come back inside, so as to leave the smoke outside

American Cancer Society, CDC

Asthma Initiatives

The American Lung Association develops and provides key resources to inform policy and systems change based on evidence- based guidelines and practices. You can find a comprehensive list of these materials and efforts below that comprise asthma initiatives which work to carry out **Strategies for Addressing Asthma**.

- **Asthma Care Coverage**
  - Asthma Care Coverage Project
    - Learn more about coverage of asthma guidelines-based care in state Medicaid programs.
- **Asthma In Schools**
  - Asthma-Friendly Schools Initiative
    - Learn how to create a long-term asthma management plan for your school. Get the guidance you need to help your local community plan and implement a comprehensive asthma management program.
  - Asthma Medications in Schools
    - Examine ways to ensure all students with asthma have quick, reliable access to medications.
- **Asthma at Work**
  - Guide to Controlling Asthma at Work
    - Do you have asthma? Do you think your workplace is making you sick? Follow these four steps in this guide to prevent asthma symptoms.
  - Guide to Safe and Healthy Workplaces
    - A comprehensive toolkit helps employers adopt and implement workplace policies that support a healthy work environment while providing health education resources to support lung health. Find out if your workplace is Lung Friendly.
- **Asthma Education**
  - Asthma Basics
    - A free one-hour interactive online learning module designed to help you learn more about asthma.
  - Asthma Educator Institute
    - A two-day professional development course that teaches asthma guidelines-based care and helps professionals prepare for the National Asthma Educators Certified Board (NAECB) exam.
  - Breathe Well, Live Well: The Guide to Managing Asthma at Home and Work
    - An empowering self-help guide that explains asthma and shows individuals how to develop self-management skills and build support teams at home and at work. Pair this workbook with Asthma Basics for a deeper learning experience.
  - Lungtropolis: Where Kids with Asthma Learn to Learn and Play
    - The city of Lungtropolis™ is under attack from the mucus mob and it's up to your child to save it! While playing, kids watch videos and get helpful tips to learn how to control their asthma. Plus, parents get access to information and tools.
  - Open Airways for Schools
    - Open Airways For Schools® is a program that educates and empowers elementary-aged children through a fun and inter-active approach to asthma self-management.
  - Improve Asthma Management in Schools
    - Asthma is one of the main illness-related reasons that students miss school. Schools, families and healthcare providers all have a role in helping children with asthma stay healthy, in school and ready to learn.

http://www.lung.org/lung-health-and-diseases/lung-disease-lookup/asthma/asthma-education-advocacy/

HIV and AIDS Testing for Pregnant Youth

Early Identification and Intervention are the Keys to Prevention

HIV infection rates have steadily been on the rise, especially among teens and young adults.

- 22% of all new HIV infections in the U.S. are in people ages 13-24 years old.
- Thousands of teens acquire new HIV infections each year.
- Most new HIV cases in young people are due to them having unprotected sex; one third are from sharing contaminated needles used to inject drugs or other substances (like steroids), or needles used for tattooing and body art.
- Over half the teens with HIV in the U.S. do not know they are infected.
- Youth often engage in behaviors that put them at risk for HIV infection.

Per the American College of Obstetricians and Gynecologists (ACOG) and Centers for Disease Control & Prevention (CDC) recommendations and best practice, all pregnant women should receive HIV testing as part of their routine prenatal labs unless they decline. Prenatal HIV testing increases the number of pregnant women who know their HIV status, allows for early identification and treatment for pregnant women and reduces HIV transmission to their unborn babies.

HIV/AIDS testing does not require prior authorization, but does require signed consent if the member is 12 years of age or younger. If the member is 13 years of age or older, they may consent for their own testing.

Arizona Administrative Code R9-22-215 directs AHCCCS health plans to cover family planning services—including contraceptive counseling, medications, supplies and associated medical and laboratory examinations, including HIV blood screening—as part of a package of sexually transmitted disease tests provided with family planning services.

Please refer to Chapter 5 of our CMDP Provider Manual for more information about family planning and HIV testing services. This can be found on our website (https://dcs.az.gov/cmdp/providers) under the Provider Resources tab.

Resources

ACOG. (2015). *Committee Opinion Number 635: Prenatal and Perinatal Human Immunodeficiency Virus Testing: Expanded Recommendations.* Retrieved from https://www.acog.org/-/media/Committee-Opinions/Committee-on-Obstetric-Practice/co635.pdf?dmc=1&ts=20170213T1338377810

CDC. (2016). *HIV Among Youth*. Retrieved from https://www.cdc.gov/hiv/group/age/youth/index.html

Comprehensive Medical and Dental Program (CMDP). (2013). *CMDP Provider Manual.* Retrieved from https://dcs.az.gov/sites/default/files/media/HPM-069_chap05.pdf

Gupta, R.C. (2015). *HIV and AIDS*. Retrieved from http://kidshealth.org/parent/infections/std/hiv.html#

Reduce Dental Caries Rates and Improve Oral Health Care

You have the ability to change your patients' lives. The American Academy of Pediatrics (AAP) continues to provide resources for physicians and the public to help raise awareness around children's oral health. Here are just a few resources:

- EQIPP: Oral Health

  delivers everything needed to identify and close practice gaps
- Why Oral Health Should Be a Primary Concern for Pediatricians

  AAP Voices Blog
- Ask the Pediatrician – How do I get my preschooler to let me brush her teeth?

  HealthyChildren.org
- Protecting All Children's Teeth

  A Pediatric Oral Health Training Program

  Dental Sealants Prevent Cavities

  Centers for Disease Control and Prevention Vital Signs

Dental Anesthesia Prior Authorization

Beginning April 1, 2017, CMDP's Dental Anesthesia prior authorization process will change. When the treating dentist submits a predetermination, please continue to list the Dental Code for anesthesia (D9223) but only list one (1) unit. It will no longer be necessary for the dentist to list the anesthesia units multiple times.

The Dental Anesthesiologist must record the correct amount of units used when the claim is submitted and the anesthesia provider must continue to provide a copy of the anesthesia record when submitting the claim.

As a reminder, the AHCCCS maximum amount of units per day per patient is 12 units. If you have any questions, please contact the Dental Coordinator within the Health Services Unit at 602-351-2245.

Happy, Healthy Patient

We can all agree that health care has changed and continues to change. What has also changed is the population we treat. As our patient population continues to diversify, our care strategies must evolve in order to provide the best possible care for patients of all cultural backgrounds, languages and education levels.

Three major issues identified as greatly impacting a patient's health care today are: health literacy, cultural competency and language literacy—all of which can profoundly impact access to care. While individually these factors may have a smaller effect on the health outcome of a population, combining them can result in an amplified effect on the population.

Health illiteracy may be the root of many of the ills the U.S. health care system suffers from, affecting access to care as well as costs. In examining health literacy and access to care, we must take into consideration the patients' perceptions of illness. For example, patients who do not see certain illnesses as a threat may not actively seek care for such illnesses. Health literacy may also play a role in cost. Preventive care has been proven to save substantial costs to the health care industry—prevention of an illness is much more cost effective than the treatment of an existing illness.

Cultural competency represents the awareness for the need to better meet the demands of a multicultural population. People from minority cultural groups often experience significantly poorer health outcomes than people from the majority cultural group of the community. Individuals from minority groups may also feel they are being discriminated against, or have preconceived opinions of health care. This can cause them to avoid care and referrals to providers outside of their community. Some resistance to seeking health care may also be related to past experiences with health care providers. The Tuskegee syphilis study took a minority group of individuals and subjected them to testing that the individuals were not aware of and did not approve. Although major strides have been taken to correct this from happening again, this type of treatment has become embedded into the psyche of the minority community and has resulted in a mistrust of the health care system which may influence individuals to no longer seek routine care.

Language literacy is another contributing factor. To be health literate in the United States, one must first meet a certain degree of language literacy. This is required to effectively apply a variety of skills to accomplish health-related tasks that are often very demanding. These skills include reading and writing, speaking and listening, numerical computing, critical thinking and decision making in a common language—typically English. Culture and language affect how patients acquire and apply these skills in health situations.

Understanding a patient's level of health literacy requires an assessment of the patient's linguistic skills and cultural norms, with the integration of these skills and norms into the health strategies for the patient's plan of care. The challenges related to this integrative process are daunting, but when addressed, can help to lead to better patient care and a happy, healthy patient.

Parent's Evaluation Developmental Status (PEDS Tool)

About 16% of children have developmental or behavioral disabilities, however, less than one-third of these children are identified by their primary care providers. This may be in part due to the use of informal milestone checklists instead of standardized screening tools.

Participation in early intervention programs has proven value in reducing high school drop-out rates, increasing employment, decreasing the risk of pregnancy and reducing criminal behavior, however only half of all children with disabilities are identified before school entrance.

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

PEDS Tool is a method for detecting and addressing developmental and behavioral problems. It is used for screening children birth through 8 years of age. **The PEDS Tool is advantageous because it:**

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

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

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

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

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

For questions, please contact Provider Services at 602-351-2245 or 1-800-201-1795.

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

Behavioral Health Intervention with Adolescents

Substance use is a growing concern among children and adolescents and is interrelated with mental health. The American Academy of Pediatrics (AAP) recognizes the challenges that are associated with this issue and has provided physicians with a tool to help improve their skills in addressing this issue.

In 2012, the National Survey on Drug Use and Health found that over 40% of adults with a past year of substance use disorder also had a co-occurring mental illness. Among youth aged 12 to 17 with a past year of substance use disorder, over 23% had a major depressive episode during that period.

Pediatricians have an important role in preventing, identifying and treating substance use and mental health concerns.

The AAP, thanks in part to the support of the Friends of Children Fund, is offering free access to training simulations that provide participants effective, brief intervention techniques for addressing substance use and mental health concerns with adolescents. The virtual simulations, developed by Kognito, strive to increase comfort and improve the quality of care, ultimately leading to positive patient behavioral change. Use of the simulations is **FREE**.

Audience: These simulations will be of interest to primary care pediatricians, subspecialists, residents in training and other health care professionals working with children and their families in regard to substance use and mental health concerns.

Learning Objectives:

Simulation #1: Screening and Brief Intervention (SBI) with Adolescents

- Screen patients using evidence-based tools
- Conduct brief interventions using motivational interviewing to build patients' trust and motivation to implement lifestyle changes
- Make collaborative action plans with patients
- Refer patients to treatment service and follow up on referrals

Simulation #2: SBI Assessment

- Screen patients for alcohol use with National Institute on Alcohol Abuse & Alcoholism (NIAAA) Single-Question Screen & AUDIT
- Interpret screening results to identify risky alcohol use
- Conduct a brief intervention according to the Brief Negotiated Interview model
- Apply motivational interviewing techniques to engage patients and clients

Simulation #3: *Adolescent Mental Health and Risk Assessment*

- Build rapport with patients through motivational interviewing tactics
- Educate adolescent patients about mental health and suicidal intent and correct misconceptions about mental health
- Demonstrate appropriate ways to ask a patient about suicidal ideation
- Determine a patient's level of risk and decide on the necessary steps
- Talk with an adolescent about involving parents, lethal means restriction and the possibility of further treatment

To access the course, go to kognito.com/aap

1. Create a new account
2. Follow the onscreen instructions
3. Choose your course
4. Click "LAUNCH"

The availability of the online simulations to AAP members is funded in part by the AAP Friends of Children Fund.

Health Outcomes Hinge Upon Relationships

People are social creatures—we survive or thrive in the context of the relationships supporting us physically, emotionally and socially.

Research continues to show that *relationships are the primary key* to promoting social and emotional health. Dr. Bruce Perry, Dr. Karyn Purvis, Drs. Scott Miller & Barry Duncan, Brene Brown and the Zero to Three community, among others, offer practical guidance in using relationship-based interventions.

We now ask ourselves: Which relationships can we influence to improve the health of the children and families we serve? How do we best establish trust and connection with caregivers? What can we do to promote caregivers' development of trust and connection with their child or children?

Relational interventions are attainable for each person in a clinic. One intervention is *validating emotions*. A simple acknowledgment of a person's emotions in the course of helping them can encourage feelings of comfort, safety and empowerment.

We are in a challenging line of work. Thankfully we are not alone in our journey. Here are resource links to the aforementioned behavioral health experts:

http://childtrauma.org/cta-library/
http://empoweredtoconnect.org/
https://heartandsoulofchange.com/content/resources/
http://brenebrown.com/
https://www.zerotothree.org/resources

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 may 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 or 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

Changes are Here!

With the new year here, CMDP has put a couple of changes from AHCCCS into place.

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

Three new Provider Types
Board Certified Behavior Analysts (BCBA) is a new provider type which will be effective 10/1/17.

Free Standing ED's (FrEDs) are relatively new to Arizona. Freestanding outpatient treatment centers are subclasses of outpatient treatment centers. The new provider type is effective 3/1/17, with all registration paperwork submitted to AHCCCS by 10/1/17.

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

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

Claims Modernization

EFT

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

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

EDI

CMDP is actively trading data with the following clearinghouses:

Dental Exchange Emdeon Gateway HEW

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

CMDP ID Cards

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

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

A caregiver may present a Notice to Provider form, in lieu of a CMDP ID card. If the member does not have his/her ID card available at the time of service they may should 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/cmdp/providers
If you would like to receive a hard copy please contact CMDP Provider Services.

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 department. CMDP cannot ensure the availability of services, therefore we ask that members provide at least one week advanced notice. However, CMDP will make every effort possible to arrange services regardless of the notification timeframe.

Benefits of Cultural Competence

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

Social Benefits

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

Health Benefits

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

Business Benefits

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

Source: American Hospital Association, 2013.

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

Helpful Websites

Arizona 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.