



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

# Provider Review

Volume 8 Issue 4



## A Special Thank You from CMDP

Our sincere appreciation goes out to all of our health care providers who serve Arizona’s children in out -of- home care. The care you provide and the compassion with which you deliver services makes a difference in the lives of these children. You play a key role in helping to ensure the well being of Arizona's children, and we at CMDP thank you and your staff for all that you do.

Happy Holidays and best wishes for the New Year.

## Immunization Refusal

If a foster caregiver is objecting to vaccines for a CMDP member, complete a Refusal to Vaccinate form and clearly document the reasons for the refusal. Send the refusal form and the member’s medical records to [CMDPNURSE@azdcs.gov](mailto:CMDPNURSE@azdcs.gov), or fax the information to 602.351.8529. Include your contact information so CMDP can provide you with updates on the issue. Check with your email provider on the best way to send information securely to maintain HIPPA and patient privacy.

Foster caregivers can consent to health care services including:

- Immunizations, unless the parents object based on religious beliefs;
- Evaluation and treatment for emergency conditions that are not life-threatening;
- Routine medical treatment and procedures;
- Routine dental treatment and procedures;
- Early Periodic Screening Diagnosis and Treatment (EPSDT) services (e.g., developmental and behavioral health intakes, screenings, treatment and procedures);
- Services by health care providers to relieve pain or treat symptoms of common childhood illness or conditions; and
- Testing for the presence of the human immunodeficiency virus (HIV).

When dealing with immunization [refusal](#) with children in foster care, the biologic parents still have a say in the health care of their child, if they have not lost their custodial rights. The caregiver is required to respect those rights. However, if there is no reason for the refusal, it is important to notify the DCS Specialist as well as CMDP. CMDP will often contact the member’s DCS Specialist to problem solve the issue, which may involve having the discussion with the Judge involved in the case.

Sources:

“Policy and Procedure Manual, Chapter 3, Section 8.1, Medical Services of Children in Out of Home Care,” Arizona Department of Child Safety, information accessed October 1, 2019.

“Arizona State Immunization Information System (ASIIS),” Arizona Department of Health Services, <https://www.azdhs.gov/preparedness/epidemiology-disease-control/immunization/asiis/index.php>, information accessed October 1, 2019.

“Arizona Immunization Program”, Arizona Department of Health Services, <https://www.azdhs.gov/preparedness/epidemiology-disease-control/immunization/index.php>, information accessed October 1, 2019.

### Inside this issue:

Vaccine and Appointment Reminders	2
End of Life Care	3
Prevention, Cost, Utilization, Reimbursement	4
Benefits of Cultural Competence	5
Medicaid Fraud and Abuse	6
Provider Resources	7

# Vaccine and Appointment Reminders

The Agency for Healthcare Research and Quality (AHRQ) offers several resources for health care providers seeking to improve patient experience, including the [CAHPS Ambulatory Care Improvement Guide](#). This guide is a comprehensive resource for health plans, medical groups, and other providers seeking to improve their performance in the domains of patient experience. One strategy outlined in the guide is [Strategy 6R: Reminder Systems for Immunizations and Preventive Services](#).

The vaccination rates in Arizona have seen a decline in the past year. Many families may not receive immunizations or preventative services because they forget to make appointments or they miss scheduled appointments. The most common causes for missed vaccinations may include caregivers forgetting appointments or not being aware of the child's immunization schedule. One way providers can tackle this issue is to institute reminder and recall systems for patients.

If you utilize an Electronic Health Record (EHR), you may already have a mechanism to institute reminders for both providers or for members. If your office still has a paper medical record, it may be as simple as placing an "immunization due" sticker in the chart or using a tickler system to remind patients of visits.

Visit the AHRQ website at <https://www.ahrq.gov/cahps/quality-improvement/improvement-guide/6-strategies-for-improving/health-promotion-education/strategy6r-reminder-systems.html> for detailed information on physician reminder systems.

[Click here](#) to access information on immunization reminder and recall systems offered by the American Academy of Pediatrics (AAP).

Source

"The CAHPS Ambulatory Care Improvement Guide: Practical Strategies for Improving Patient Experience," U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality, <https://www.ahrq.gov/cahps/quality-improvement/improvement-guide/improvement-guide.html>, Content last reviewed April 2019. Content accessed October 1, 2019.

## Arizona Prescribers at Risk for Missing the 2020 EPCS Mandate



According to the latest Surescripts data, roughly 4 out of 10 prescribers in Arizona are at risk for missing the January 1, 2020 deadline to meet the new electronic prescribing of controlled substances (EPCS) state requirements mandated by House Bill (HB) 2075. As of August 2019, approximately 61% of prescribers in Arizona are on track and 39% are not.

Health Current, in partnership with the Arizona Health Care Cost Containment System (AHCCCS), Arizona Department of Health Services (ADHS) and the Arizona Board of Pharmacy, developed the [2019 EPCS Click for Control Campaign](#) which offers a wealth of online resources to help prescribers meet the requirements.

In addition to the online materials, the [2019 EPCS Click for Control Campaign Webinar Series](#) is available on the Health Current website for viewing.

For more information, visit the [2019 EPCS Click for Control](#) online resources. For other EPCS questions, contact Health Current at [erx@healthcurrent.org](mailto:erx@healthcurrent.org) or (602) 688-7200.

# End of Life Care – Advance Care Planning



Although not common, CMDP members may have conditions that are life limiting. In these cases, it is important to begin discussions with the member and their caregiver about Advance Care Planning in preparation for End of Life (EOL) Care.

CMDP members do not always have the involvement of their biological families and these discussions can be very stressful for the child and their caregivers. Even though a child is in foster care, biological families should be involved when possible in these discussions and decisions. A discussion with the Department of Child Safety Specialist (DCSS) is the best approach in identifying the appropriate level of involvement allowed.

Palliative care and hospice services are covered under AHCCCS by CMDP, as is Advance Care Planning. Hospice services provide palliative and support care for terminally ill members and their family

members or caregivers in order to ease the physical, emotional, spiritual, and social stresses, which are experienced during the final stages of illness and during dying and bereavement. These services are covered for members who are certified by a physician as being terminally ill and having six months or less to live ([see AHCCCS Medical Policy Manual, Policy 310-J, for details on covered hospice services](#)).

Advance Care Planning is developed by the appropriately qualified providers as part of end of life care. The appropriately qualified professional may be the PCP, the specialty provider or a hospice provider. In all the scenarios, coordination of care and communication is paramount to maintain appropriate care of the member and develop an appropriate Advance Care Plan. An Advance Care Plan includes the development of a written plan of care and communication with additional medical providers.

The qualified health professional is also responsible for educating the member, biological family if applicable, out-of-home caregiver, custodial guardian and legal representative about the member's illness and the health care options to enable them to make educated decisions.

Additional services may include:

- Identifying the member's healthcare, social, psychological and spiritual needs;
- Discussing the choices for care and treatment; and
- Assisting in identifying practical support to meet the member's needs.

If you have a CMDP member in need of EOL services, contact CMDP Medical Services at 602.351.2245 or email [CMDPNurse@azdcs.gov](mailto:CMDPNurse@azdcs.gov) for assistance with care coordination. CMDP can assist with transportation, hospice prior authorizations and other complex care needs identified. Any member, caregiver, legal guardian, Department of Child Safety Specialist, or provider can request care management assistance from CMDP to facilitate EOL care and advanced care-planning services.

## CMDP Provider Insight

Email Member Services at [CMDPMemberServices@AZDCS.gov](mailto:CMDPMemberServices@AZDCS.gov) to request the following:

- Member Eligibility
- Dental History
- General Questions

# Prevention, Cost, Utilization, Reimbursement (4 Degrees of Separation)

One of the largest barriers to oral health projects is financing. Even the most affluent of communities will have limited funds (Burt, & Eklund, 2005). Because of this reimbursement fees are often reduced, sometimes to a level so low providers will not support the program (Damiano, Brown, Johnson, & Scheetz, 1990). In turn low reimbursement rate yields lower providers participation resulting in limiting a person's access to providers.

Health literacy also plays a role in cost. Patients who do not perceive certain illness as a threat may not actively seek care (Mofidi, Rozier, & King, 2002). Decay is often thought to be inevitable and it is normal that someone would get decay ([Armin & Harrison, 2007](#)). This type of thinking makes preventive care perceived unimportant and often not sought by the patient.

Preventive care however has been proven to save substantial costs to the health care industry. Prevention of an illness is much more cost effective than treating the illness. It has been shown that every dollar spent on prevention, \$40 in restorative can be saved (Lee, Bouwens, Savage, & Vann Jr, 2006).

Two of the most effective prevention measures we have in dentistry are fluorides and sealants. Water fluoridation and topical fluoride has resulted in a decrease in caries rate of 60% to those children born into fluoridated communities ("The Story of Fluoridation," n.d.). With the introduction of Silver Diamine Fluoride, lesions can be arrested and remineralized avoiding traditional restorative techniques or delaying treatment to a later age where a sedation may be avoided. Sealants also have been shown to reduce caries. Once applied, sealants protect against 80% of cavities for 2 years and continue to protect against 50% of cavities for up to 4 years (Community Preventive Services Task Force).

Using this logic, increasing preventions should save funds in the long term. This would allow more providers to participate in the program in turn serving more people.

This type of thinking results in a win for everyone. Even if funding remains unchanged prevention should result in an increase in residual funds that can be utilized to provide more care, increase provider reimbursement rate, ensure that providers receive a fair market rate for preventative services, and people get the care they need.

[Armin, M. S., & Harrison, R. L. \(2007, July/August\). A Conceptual Model of Parental Behavior Change Following a Child's Dental Anesthesia Procedure. \*Pediatric Dentistry\*, 29, 278-286.](#)

Burt, B. A., & Eklund, S. A. (2005). *Dentistry, dental practice, and the community*. St. Louis, MO: Elsevier/Saunders.



# Benefits of Cultural Competence

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.

Social Benefits	Health Benefits	Business Benefits
<ul style="list-style-type: none"><li>• Increases mutual respect and understanding between patient and organization</li><li>• Increases trust</li><li>• Promotes inclusion of all community members</li><li>• Increases community participation and involvement in health issues</li><li>• Assists patients and families in their care</li><li>• Promotes patient and family responsibilities for health</li></ul>	<ul style="list-style-type: none"><li>• Improves patient data collection</li><li>• Increases preventive care by patients</li><li>• Reduces care disparities in the patient population</li><li>• Increases cost savings from a reduction in medical errors, number of treatments and legal costs</li><li>• Reduces the number of missed medical visits</li></ul>	<ul style="list-style-type: none"><li>• Incorporates different perspectives, ideas and strategies into the decision-making process</li><li>• Decreases barriers that slow progress</li><li>• Moves toward meeting legal and regulatory guidelines</li><li>• Improves efficiency of care services</li><li>• Increases the market share of the organization</li></ul>

Source: American Hospital Association, 2013.

The CMDP Member Services Unit can assist with obtaining child-specific, culturally competent health care services such as:

- Specific language, gender, ethnic, geo-geographical, or specialized health care provider to meet 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** or **800-201-1795**.

Health Research & Educational Trust. (2013, June). *Becoming a culturally competent health care organization*. Chicago, IL: Illinois. Health Research & Educational Trust accessed at <http://www.hpoe.org/resources/ahahret-guides/1395>.

## 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 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, direct them to CMDP Member Services at 602-351-2245 or 1-800-201-1795. Members and/or caregivers should contact CMDP at least one week prior to any scheduled appointments to ensure appropriate translation services. However, CMDP will make every effort possible to arrange services regardless of the notification timeframe.

## 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;
- Description of the suspected fraudulent acts.

## Billing Members is Prohibited

Under most circumstances, CMDP out-of-home caregivers and members are not responsible for medical or dental costs incurred for the provision of medically necessary services. In accordance with Arizona Administrative Code, R9-22-702, AHCCCS registered providers are prohibited from:

- Requesting or collecting payment from CMDP members;
- Referring CMDP members to a collection agency, and/or
- Reporting members to a credit reporting agency.

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 or email at [CMDPProviderServices@azdcs.gov](mailto:CMDPProviderServices@azdcs.gov) for clarification.

# Provider Resources

CMDP uses the following community and agency resources to provide the best care and connections for our members:

- Arizona Health Care Cost Containment System (AHCCCS): Arizona's Medicaid agency that offers health care programs to serve Arizona residents.  
[www.azahcccs.gov](http://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>
- 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>
- Vaccinate Your Family (VYF): 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.  
<https://www.vaccinateyourfamily.org/about-us/>
- Arizona State Immunization Information System (ASIIS) is an immunization registry designed to capture immunization data on individuals within the state. Providers are mandated under Arizona Revised Statute (ARS) §36-135 to report all immunizations administered to children 18 years of age and younger to the state's health department.  
<https://www.azdhs.gov/preparedness/epidemiology-disease-control/immunization/asiis/index.php>
- 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.  
<https://www.whyyimmunize.org/providers1/>
- 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](http://www.aap.org)
- Health care providers who care for CMDP members are encouraged to implement developmental screening tools approved by the Arizona Health Care Cost Containment System (AHCCCS) for children birth through three years of age, during the 9, 18, and 24-month EPSDT visits.

AHCCCS approved developmental screening tools include:

- [Parents' Evaluation of Developmental Status \(PEDS\)](#) accessible at [pedstest.com](http://pedstest.com) or [forepath.org](http://forepath.org).
  - [Ages and Stages Questionnaire \(ASQ\)](#) accessible at [agesandstages.com/es.com](http://agesandstages.com/es.com).
  - [Modified Checklist for Autism in Toddlers \(M-CHAT\)](#) may be used for members 16-30 months of age to screen for autism when medically indicated.
- For CMDP members only, the PEDS 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](http://www.pedstest.com) or [www.forepath.org](http://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.  
<https://des.az.gov/services/disabilities/developmental-infant>

**Comprehensive Medical and Dental Program**  
**“Serving Arizona's Children in Out-of-Home Care”**

(602) 351-2245

800 201-1795

<https://dcs.az.gov/cmdp>

**Fax Numbers**

**Email Address**

Claims.....(602) 265-2297  
 Provider Services.....(602) 264-3801  
 Behavioral Services.....(602) 351-8529  
 Medical Services .....(602) 351-8529  
 Member Services.....(602) 264-3801

Claims.....[CMDPclaimsquestions@azdcs.gov](mailto:CMDPclaimsquestions@azdcs.gov)  
 Provider Services.....[CMDPProviderServices@azdcs.gov](mailto:CMDPProviderServices@azdcs.gov)  
 Behavioral Services.....[CMDPBHC@azdcs.gov](mailto:CMDPBHC@azdcs.gov)  
 Member Services.....[CMDPMemberServices@azdcs.gov](mailto:CMDPMemberServices@azdcs.gov)  
 CRS.....[CMDPCRSNurse@azdcs.gov](mailto:CMDPCRSNurse@azdcs.gov)  
 Health Services..... [CMDPNurse@azdcs.gov](mailto:CMDPNurse@azdcs.gov)



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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.