

Provider Review

Volume 14 Issue 3 2015



INSIDE THIS ISSUE:

Flu Season 2015-2016 The time to Get Ready is Now	2
ASHS Arizona State Immunization Information System (ASHS) is the law!	3
Task Force Engages Physicians to Curb Opioid Epidemic	4
Prevention is the Key!	5
Please Do: Double up on Depression Screenings	6
Let's Go Electronic!	7
How to Deal With Diversity in the Healthcare Workplace	8
Announcing azaaPEducate.org!	9
Helpful Websites	10



CMDP would like to thank all the providers who participated in the 2015 Provider Profile Update. It is important for us on many levels to have up to date information in our system. Many of you took the time to answer all the questions, provide a current roster, and a current W-9. If you have not received a Provider Profile Update request or would like to complete a Profile Update you can locate the form on the CMDP website at <https://dcs.az.gov/cmdp> within Provider Resources/Tools and Events <https://dcs.az.gov/tools-and-events> .

If you have any questions please contact CMDP Provider Services at 602-351-2245.

How Does Your Office Check Out?

Brush up on your Appointment Availability Standards and getting our members care quickly. Members are required to receive an initial medical examination within 30 days after the initial placement.

View standards on the CMDP website <https://dcs.az.gov/cmdp/providers>.

Flu Season 2015-2016

The Time to Get Ready is Now



CDC recommends a yearly flu vaccine everyone 6 months of age and older as the first and most important step in protecting against this serious disease. People should begin getting vaccinated soon after flu vaccine becomes available, ideally by October, to ensure that as many people as possible are protected before flu season begins. But remember, as long as flu viruses are circulating in the community, it's never too late to vaccinate your patients and give them the protection they need.

In addition to getting a seasonal flu vaccine your patients can avoid illness, as you know, by practicing six good health habits:

- 1. Avoid close contact with people who are sick.** If they get sick, they should keep their distance from others to protect them from getting sick too.
- 2. Stay home when they are sick.** This will help prevent spreading their illness to others.
- 3. Cover their mouth and nose with a tissue when sneezing or coughing.** This may prevent those around them from getting sick.
- 4. Wash their hands.** If soap and water are not available, they can use an alcohol-based hand rub.
- 5. Avoid touching their eyes, nose or mouth.** Germs are often spread when a person touches something that is contaminated with germs and then touches his or her eyes, nose, or mouth.
- 6. Practice other good health habits.** Clean and disinfect frequently touched surfaces at home, work or school, especially when someone is ill. Get plenty of sleep, be physically active, manage your stress, drink plenty of fluids, and eat nutritious food.

<http://www.cdc.gov/flu/about/season/flu-season-2015-2016.htm>

Disease Outbreaks Still Happen

Some vaccine-preventable diseases have become very rare thanks to vaccines. However, cases and outbreaks still happen. The United States experienced a record number of measles cases during 2014. There were 668 cases from 27 states reported to the CDC. This is the greatest number of cases since measles elimination was documented in the U.S. in 2000. From January 1 to June 26, 2015, there have been 178 cases of measles reported in the United States. 7 of these cases were in Arizona.

From January 1–July 10, 2015, almost 9,000 cases of whooping cough have been reported to CDC by 50 states, Washington, D.C., and Puerto Rico. 381 of these cases were in Arizona.

Outbreaks of whooping cough at middle and high schools can occur as protection from childhood vaccines fades. Those who are vaccinated against whooping cough but still get the disease are much more likely to have a mild illness compared to those who never received the vaccine.

Make sure our children stay up to date with vaccinations. It is the best way to protect our community and schools from outbreaks that can cause unnecessary illnesses and deaths.

Getting every recommended dose of each vaccine provides children with the best protection possible

<http://www.cdc.gov/features/catchupimmunizations/index.html>

<http://www.azdhs.gov/phs/oids/pdf/weekly.pdf>

ASIIS

Arizona State Immunization Information System (ASIIS) is the law!

ASIIS is an immunization registry that captures immunization data on individuals within the state of Arizona. Arizona Revised Statute (A.R.S.) #36-135 and Arizona Administrative Code (A.A.C.) # R9-6-706 & 707 mandate the reporting of all immunizations given to children from birth through age 18 years to the Arizona State Health Department. The statute requires, at a minimum, monthly reporting or more frequently for high volume immunization providers.

The registry provides a valuable, time saving tool for retrieving immunization data and making it available to public health professionals, private and public healthcare providers, parents, guardians and child care personnel.

According to the Arizona Immunization Program Office, the goals and objectives of ASIIS are:

- To capture 100% of the vaccinations provided to children within the State.
- To promote efforts to ensure that 95% of all children within the state who are under six years of age are participating in the registry and have at least one immunization event on record.
- To provide all registered ASIIS providers with access to data stored in the registry, thus allowing them to query the registry for current and historical patient immunization records.
- To maintain the confidentiality of all patient information received in the registry.
- To ensure that healthcare professionals administering immunizations are reporting to the ASIIS registry in a regular and timely manner.
- To maintain the security of patient information stored in the registry.
- To provide a means for improved monitoring of immunization levels.

If you want to enroll in the ASIIS Program, receive training or use the web to access central registry, you may call ASIIS technical support at (602) 364-3899 locally, or outside Phoenix call the toll-free number 1-877-491-5741.

National Immunization Awareness Month



August 1st kicked off the start of National Immunization Awareness Month. NPHIC has some excellent resources for you to use and TAPI has also included an abbreviated version of this resource for social media use, email, banners etc. This year the hashtag to reference on posts is #NIAM15. Please share with us any activities/events or articles/posts you may have so TAPI can also highlight the good happening in AZ around NIAM.

Three key messages are central throughout the toolkit:

- Vaccines are an important step in protecting against serious, and sometimes deadly, diseases.
- Vaccines are recommended throughout our lives.
- A strong provider recommendation is one of the best ways to ensure patients get the vaccinations they need when they need them.

Resources:

Visit www.nphic.org/niam for the full toolkit of NIAM resources.

Visit www.WhyImmunize.org or www.TAPI.org for a copy of the abbreviated messaging.

ADHS Immunization Newsletter

Arizona Schools' Increasing Non-medical Exemption Rates Come to a Halt.

<http://azdhs.gov/phs/immunization/documents/newsletters/immunizations/immunizations-summer-2015.pdf>

Task Force Engages Physicians to Curb Opioid Epidemic



ARLINGTON, VA., July 29, 2015 — Opioid abuse is a serious public health problem that has reached crisis levels across the United States, with 44 people dying each day from overdose of opioids, and many more becoming addicted. Recognizing the urgency and serious impact of this issue on the health of hundreds of thousands of patients across the country, today the American Psychiatric Association (APA) announced that it has joined the American Medical Association (AMA) and other medical organizations to address the growing epidemic.

The [AMA Task Force to Reduce Opioid Abuse](#) comprises [27 physician organizations including the APA, AMA, American Osteopathic Association, 17 specialty and seven state medical societies, and the American Dental Association](#). Task force members are committed to identifying the best practices to combat this public health crisis and move swiftly to implement those practices across the country.

“We have joined together as part of this special Task Force because we collectively believe that it is our responsibility to work together to provide a clear road map that will help bring an end to this public health epidemic,” said AMA Board Chair-elect Patrice A. Harris, M.D., M.A. “We are committed to working long-term on a multi-pronged, comprehensive public health approach to end opioid abuse in America.”

APA CEO and Medical Director Saul Levin, M.D., M.P.A., has specialized in substance use treatment, notably in previous posts at the Substance Abuse and Mental Health Services Administration (SAMHSA) and as the head of the D.C. Department of Health and Addiction Prevention and Recovery Administration.

“As experts in the diagnosis and treatment of substance use disorders, psychiatrists play an important role in curbing this epidemic and helping our medical colleagues participate in the prescribing part of the treatment plan,” Levin said. “The APA is honored to join our colleagues in the house of medicine in addressing this problem. We owe it to our patients to ensure they receive the proper and appropriate care.”

The task force’s initial focus will be on efforts that urge physicians to register for and use state-based prescription drug monitoring programs (PDMPs) as part of the decision-making process when considering treatment options. When PDMPs are fully-funded, contain relevant clinical information and are available at the point of care, they have been shown to be an effective tool to help physicians identify patients who may be misusing opioids, and to implement treatment strategies including referral for those in need of further care.

“PDMPs vary greatly in efficacy and functionality from state to state,” said Harris, a Georgia psychiatrist. “Alone, they will not end this crisis, but they can provide helpful clinical information, and because they are available in nearly every state, PDMPs can be effective in turning the tide to end opioid abuse in the right direction.”

The new initiative seeks to significantly enhance physicians’ education on safe, effective and evidence-based prescribing. This includes a new resource [web page](#) that houses vital information on PDMPs and their effectiveness for physician practices. The site also includes a robust national marketing, social media and communications campaign to significantly raise awareness of the steps that physicians can take to combat this epidemic and ensure they are aware of all options available to them for appropriate prescribing.

“America’s patients who live with acute and chronic pain deserve compassionate, high-quality and personalized care and we will do everything we can to create a health care response that ensures they live longer, fuller and productive lives,” Harris said.

Asthma

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

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

Providers should:

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

Proper documentation affects reimbursement. ICD-9 and soon ICD-10 and CPT codes must be adequately supported by chart documentation to ensure optimal and timely reimbursement. Asthma education is integral to moving the treatment of this disease away from a focus on acute-care needs and toward improved long-term patient outcomes.

If CMDP can be of any assistance, please contact the Medical Services Unit.

References

<http://www.healthychildren.org/English/health-issues/conditions/allergies-asthma/Pages/Asthma.aspx>

Prevention is the Key!

Dental caries is an increasing prevalent and destructive disease of children. To be successful in preventing oral disease, it is essential to initiate early and maintain regular dental care. The American Academy of Pediatric Dentistry and the American Dental Association currently recommends that children have their first dental visit at 12 months of age. The first visit to the dentist establishes the dental home and presents an opportunity to start early preventive dental services.

AHCCCS covered benefits include infant oral examinations and routine preventive services. The preventive services that are provided to CMDP members require no prior authorization (PA). CMDP encourages members to visit the dentist for periodic dental examinations, oral prophylaxis and fluoride treatments. Placement of dental sealants, especially among children age 6 through 11 years, are very beneficial. Dental sealants play an important role in preventing dental caries in children. Sealant placement on newly erupted 6 year and 12 year molar teeth, provide an ideal time for this preventive service. Sealants are covered for 1st and 2nd permanent molars and reported with cdt code (D1351). The frequency limitation per tooth is once every three years and maximum benefit two times per member lifetime.

Additional information of AHCCCS covered preventive services and appropriate code designation is listed in the CMDP Dental Benefits Matrix. The Matrix can be accessed online at <https://dcs.az.gov/cmdp> in the provider services link.

Dr Jerry Caniglia
CMDP Dental Consultant



Please Do Double up on Depression Screenings

Just a quick reminder to help you stay compliant with AHCCCS Provider Requirements. As an AHCCCS Contractor, we are obligated to ensure that network providers adhered to AHCCCS requirements as defined in Policy 410-B-10 a-f, of the AHCCCS Medical Policy Manual (AMPM).

One of those policies requires us to have a process in place for monitoring provider compliance for perinatal/postpartum depression screenings being conducted at least once during the pregnancy and then repeated at the postpartum visit, with appropriate counseling and referrals made, if a positive screening is obtained (AHCCCS, 2015). This means, as a Provider you are responsible for complying with AHCCCS' policy by conducting at least one depression screening during the pregnancy, and another one in the postpartum period, remembering to make necessary referrals and/or provide counseling as indicated. Also remember to document these screenings in your office visit notes.

If you have already been adhering to this policy, and conducting at least 2 depression screenings: KUDOS to you and your practice!! If you were not aware of this requirement, or for some reason you may have forgotten and have not been performing the 2 required depression screenings: please start doing so immediately, THANKS.

Remember that AHCCCS policies are driven by The American College of Obstetricians and Gynecologists (ACOG) guidelines and opinions. On July 27, 2015, The ACOG released a "Statement on Depression Screening", in which it reaffirmed its earlier opinion that recommends routine screening for depression for all women at least once during the perinatal period (ACOG, 2015). Of course the perinatal screening is not meant to replace the depression screening that should occur in the postpartum period. This is why we are asking for you to conduct at least 2 screenings. Former ACOG President, Gerald F. Joseph, MD once said, "Screening for depression during pregnancy is also important to identify it early on and to help prevent a worsening of the condition after delivery."

Happy Screening

References

Arizona Health Care Cost Containment System (AHCCCS), July 2015. AHCCCS Medical Policy Manual: Chapter 400. Retrieved from <http://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/Chap400.pdf>

The American College of Obstetricians and Gynecologists (ACOG), July 2015. *ACOG Statement on Depression Screening*. Retrieved from <http://www.acog.org/About-ACOG/News-Room/Statements/2015/ACOG-Statement-on-Depression-Screening>

The American College of Obstetricians and Gynecologists (ACOG), January 2010. *News Releases*. Retrieved from <http://www.acog.org/About-ACOG/News-Room/News-Releases/2010/Ob-Gyns-Encouraged-to-Screen-Women-for-Depression-During-and-After-Pregnancy>



FQHC's and RHC Have you Heard!

Effective for dates of service on and after April 1st 2015, all Federally Qualified Health Centers (FQHC) and Rural Health Clinics (RHC) must utilize the appropriate NPI for the FQHC or RHC as the rendering provider for all claims. Visits must be billed on a CMS 1500 form, 837professional format, ADA form or 837Dental format with the appropriate place of service (11 – Office, 22 – Outpatient, 49 – Independent Clinic, 50 – FQHC, 71 – Public Health or 72-RHC).

The T1015 (Clinic visit/encounter, all-inclusive) procedure code is required to be reported on all claims to designate an FQHC/RHC visit and receive reimbursement. In addition to the T1015 code, claims must include all appropriate covered procedure codes describing the services rendered as part of the visit and will bundle into the visit and valued at \$0.00 for reimbursement purposes. Multiple visits on the same day must be identified with the T1015 code with the modifier 25 to indicate a distinct and separate visit.

The Professional Practitioner (provider) participating in/performing the services must also be reported on all claims. This information is to be reported in Box 19 on the CMS 1500 claim form and Box 35 on the ADA form. Below is an example of the formatting requirements from AHCCCS.

One Participating/Performing Provider - XXNPIProviderName (last, first 20 characters)

Example –

XX1987654321Smitherhouse, Michelle

Two Participating/Performing Providers –

XXNPIProviderName (last, first 20 characters) 3 blanks XXNPIProviderName (last, first 20 characters)

Example –

XX1987654321Smitherhouse, Michelle XX2123456789Fredricksburg, Cynthia

For more information, please see <https://www.azahcccs.gov/commercial/PaymentShift.aspx>

Let's Go Electronic!

EFT

Beginning in September, 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) will begin to receive EFT from CMDP as well.

Providers *who are not yet receiving* EFT but are currently receiving paper warrants from Arizona State agencies and wish to sign up for EFT, also known as Automated Clearing-House (ACH) payments, may use the following link to contact the Arizona Department of Administration, General Accounting Office (GAO): <https://gao.az.gov/afis/vendor-information>

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 Susan Blackledge
at 602-771-3633.

EDI

CMDP has registered, tested and proven our ability to accurately receive claims from the following Clearinghouses.

Dental Exchange
Gateway

Emdeon
HEW

If NOT, you are just a phone call away from billing us electronically!

If you or your Clearinghouse would like to register with CMDP, please visit our website <https://dcs.az.gov/cmdp>

or

call our Provider Services Representative, Sylvia Valdez
at 602-364-4053.

Become a Trading Partner today!

How to Deal With Diversity in the Healthcare Workplace

by Lisa McQuerrey, Demand Media



Health care environments attract a diversity of caregivers and patients. Being able to work effectively with colleagues of different backgrounds, as well as deal appropriately and competently with patients from all walks of life, will help you be a valued health care provider. Part of dealing with diversity in this type of workplace includes developing a sense of tolerance, respect and understanding for the differences in others.

Step 1

Recognize that people from different backgrounds often have different ways of communicating. This is vital to understanding when exchanging medical information with colleagues or explaining health care issues to patients. Have patience with others who don't speak your language, and make every effort to ensure important information is being accurately conveyed, either through a translator or written instruction.

Step 2

Understand that people from different religious backgrounds often have religiously-based convictions about delivery of health care services. For example, some religions prohibit blood transfers or organ donation. Show tolerance when dealing with people from different cultures who might have value and belief systems that are different from your own.

Step 3

Respect the health care choices of others, even if they are not choices you would recommend or select for yourself. Many cultures view Western medicine as overly-aggressive and prefer less invasive approaches to medicine. Take time to fully explain terminology and procedures to people from culturally diverse backgrounds. Listen for concerns and elaborate where necessary to ensure a patient and his family understand the medical issue at hand as well as options for treatment. After you explain options to a patient, gracefully accept her decision without intervention.

Tips

If you regularly work with patients or colleagues from a particular ethnicity, take the time to learn basic elements of the language as well as educate yourself about preferences, cultural norms and communication differences.

If you are in a management or decision-making position, strive to create a culturally-diverse workforce that is representative of the demographics of the populations you serve.

Encourage and participate in diversity workshops and training opportunities that recognize and celebrate the differences in people. These professional enrichment opportunities can help you learn valuable and interesting information about the people you work with and the clients you serve.

Warning

Use caution in making assumptions about others based strictly on cultural stereotypes. You run the risk of insulting colleagues and patients, and may even cross the line into illegal discrimination. Follow established practice protocol in your professional approach with an eye toward making exceptions when necessary to account for diversity needs.

About the Author

Lisa McQuerrey has been a business writer since 1987. In 1994, she launched a full-service marketing and communications firm. McQuerrey's work has garnered awards from the U.S. Small Business Administration, the International Association of Business Communicators and the Associated Press. She is also the author of several nonfiction trade publications, and, in 2012, had her first young-adult novel published by Glass Page

<http://work.chron.com/deal-diversity-healthcare-workplace-17191.html>

Electronic Health Records

Please submit a copy of your EHR certification by **October 30th** by fax at (602)264-3801 or by email to CMDPProviderservices@azdes.gov. It is suggested that you provide the information once for all your locations and providers in order to decrease the burden of verification.

Arizona Health Care Cost Containment Services (AHCCCS) requires all health plans to request this information. If you have any questions please contact Provider Services at (602)351-2245.

Thank you for the continued services you provide as we work together to provide quality healthcare services for Arizona's children in out of homecare.

Announcing azaaPEDucate.org!

AzAAP is happy to announce the release of its newly redesigned training and resource website.

The Arizona Chapter of the American Academy of Pediatrics (AzAAP) is pleased to now 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 (Parents' 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/>

Language Line

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



Billing Members is Prohibited

Under most circumstances, CMDP foster caregivers and CMDP members are not responsible for any medical or dental bills incurred for the provision of medically necessary services. Please note that an AHCCCS registered provider shall not request or collect payment from, refer to a collection agency, or report to a credit reporting agency an eligible person or a person claiming to be an eligible person in accordance with Arizona administrative Code R9-22-702. Civil penalties may be assessed to any provider who fails to comply with these regulations.

Providers who may have questions regarding exceptions to this rule are encouraged to contact the CMDP Provider Services unit at 602-351-2245 for clarification.

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



Helpful Websites

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

www.azahcccs.gov

Children's Rehabilitative Services (CRS): This program provides medical care and support services to children and youth who have chronic and disabling conditions.

<http://www.uhccommunityplan.com/>

Vaccines for Children (VFC): A federally funded program that provides vaccines at no cost to children who might not otherwise be vaccinated because of inability to pay.

<http://www.cdc.gov/vaccines/programs/vfc/index.html>

Every Child by 2 Immunizations (ECBT): A program designed to raise awareness of the critical need for timely immunizations and to foster a systematic way to immunize all of America's children by age two.

www.ecbt.org

Arizona State Immunization Information System (ASIIS) and The Arizona Partnership for Immunization (TAPI): A non-profit statewide coalition who's efforts are to partner with both the public and private sectors to immunize Arizona's children.

www.whyyimmunize.org

American Academy of Pediatrics: An organization of pediatricians committed to the optimal physical, mental, and social health and well-being for all infants, children, adolescents, and young adults.

www.aap.org

Comprehensive Medical and Dental Program "Serving Arizona's Children in Foster Care"

(602) 351-2245

800 201-1795

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

Department Fax Numbers

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

Department Email Addresses

Claims	CMDPClaimsStatus@azdes.gov
Provider Services	CMDPProviderServices@azdes.gov
Behavioral Services	CMDPBHC@azdes.gov
Member Services	CMDPMemberServices@azdes.gov



Arizona Department of Child Safety

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.