

# Provider Newsletter

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Dear CMDP Providers,

I would like to extend a gracious thank you for your dedication to the population we serve. As a member of the CDMP provider team, you are making a difference in the lives of over 18,000 children and youth in out of home care. Yet again, your efforts have assisted CMDP in exceeding AHCCCS minimum performance standards in areas of access to primary care providers (PCP), dental care, immunizations and EPSDT (well exams).

That said, we still need your assistance to ensure our children reach their potential. As you know, CMDP members are considered at risk for developmental delays. In the interest to best serve these children, CMDP reimburses providers for the use of AHCCCS approved, age-appropriate developmental screening tools at every EPSDT, not just those at the 9-month, 18-month and 24-month visits. AHCCCS approved developmental screening tools include the Parent's Evaluation of Developmental Status (PEDS) Tool, Ages and Stages Questionnaire (ASQ), and the Modified Checklist for Autism in Toddlers (M-CHAT). A copy of the screening tool must be kept in the medical record. Use of AHCCCS approved developmental screening tools at the EPSDT, may be billed separately using Current Procedural Terminology (CPT) code 96110 (Developmental screening, with interpretation and report, per standardized instrumentation) with the EP modifier.

CMDP is very fortunate to have a statewide provider network of dedicated professionals and our team looks forward to working with you in 2016.

Thank you, again for all you do for children and youth in out of home care.

Karla Mouw  
CEO/Assistant Director- Department of Child Safety

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## Temperature Log

The VFC program requires that providers submit up-to-date temperature logs prior to placing an order for any VFC vaccines. "The submission of up-to-date temperature logs is vital to the VFC program as we must ensure that the providers' vaccine storage units maintain proper temperatures so that VFC vaccines remain viable and do not end up being wasted."

## Arizona State Immunization Information System (ASIIS)



Arizona Revised Statute (A.R.S. § 36-135) requires all health care professionals administering immunizations to children "birth to 18" years of age to report those immunizations to the Arizona State Immunization Information System (ASIIS). This system enables providers to easily report their immunization data via web-based software called the ASIIS Web Application. The Web Application gives providers a powerful tool to manage their immunization service delivery. While the law does not require reporting adult immunization, ASIIS recommends doing so.

The Web Application allows authorized users to conveniently search for patients, add or modify patient and vaccination records, physicians/vaccinators, vaccine lot numbers, create reports, and perform reminder/recall. Data entered into the Web Application is immediately stored in a secure IT environment at the Arizona Department of Health Services. Using the Web Application is 100% compliant with all HIPAA standards and requirements.

For any questions or concerns regarding the use of the application contact ASIIS Technical Support Team at 602-364-3899. They can also be called Toll-free at 1-877-491-5741. They provide telephone support Monday through Friday from 8 AM until 5 PM, except on official state holidays. They will welcome your call.

<https://asiis.azdhs.gov>

## Announcement from the U.S. Food and Drug Administration

The U.S. Food and Drug Administration (FDA) announced that Sanofi US agreed to voluntarily discontinue the marketing and sales of Auvi-Q (epinephrine) auto-injectors due to newly available information associated with the use of the drug. Auvi-Q (epinephrine) auto-injector is used to treat life-threatening allergic reactions (anaphylaxis) in people who are at risk for or have a history of these reactions.

Sanofi US and the FDA announced the following, effective immediately:

- Healthcare professionals and patients are encouraged to report adverse events or side effects related to the use of these products to the FDA's MedWatch Safety Information and Adverse Event Reporting Program:
  - Complete and submit the report Online: [www.fda.gov/MedWatch/report](http://www.fda.gov/MedWatch/report)
  - Download [form](#) or call 1-800-332-1088 to request a reporting form, then complete and return to the address on the pre-addressed form, or submit by fax to 1-800-FDA-0178

Sanofi US is notifying its distributors and customers who include doctors, pharmacies, wholesalers and other customers in the supply chain by letter, fax, email and phone calls and is arranging for return and reimbursement of all recalled products.

Patients being treated with Auvi-Q should contact their physician to discuss alternative treatments for their condition.

- Patients who are taking Auvi-Q should seek emergency medical care right away if they experience a serious allergic reaction (i.e., anaphylaxis) and did not receive the intended dose, there could be significant health consequences, including death because anaphylaxis is a potentially life-threatening condition.
- Physicians who prescribe Auvi-Q should work with their patients and transition them to other therapies as appropriate to their symptoms and need.

Additional information is available at:

<http://www.fda.gov/Safety/MedWatch/SafetyInformation/SafetyAlertsforHumanMedicalProducts/ucm470010.htm> and <http://www.sanofi.us>

## Defective Sprays Prompt Recall of 350,000+ Inhalers

Boehringer Ingelheim announced a voluntary recall of over 350,000 Combivent Respimat (ipratropium bromide, albuterol) 20mcg/100mcg inhalation sprays due to a defective delivery system.

The recalled Combivent Respimat spray was found to not spray properly, either emitting no spray or a short transient spray. The affected products have Lot #408267 with an expiration date of 11/30/2017. The 4g inhalers, containing 120 metered doses each, were distributed about three months ago on April 15, 2015.

Combivent Respimat is a propellant-free inhaler that combines an anticholinergic and a beta-2 agonist. It is indicated for the maintenance treatment of chronic obstructive pulmonary disease (COPD) when a second aerosol bronchodilator is needed.

For more information call (800) 542-6257 or visit [Combivent.com](http://Combivent.com)

## Does CMDP Cover Medications to Help Teens Stop Smoking?

Tobacco is a major health hazard to infants, children, teens, and families. Tobacco use by children and teens (smoking, chewing, etc.) causes chronic and recurring medical problems. Tobacco use by children and teens is associated with other risky behaviors, such as rebelliousness, early sexual activity, academic failure, and use of other prescription and street drugs.

While cigarette smoking has declined among youth in the U.S., other tobacco products and forms of smoking are gaining popularity. Electronic cigarettes, hookahs, and smokeless tobacco use are on the rise among high school and middle school students. A survey of 41,000 high school and middle school students released by the National Institute on Drug Abuse found that nearly 1 out of 5 high school seniors reported using an e-cigarette in the last month. The study also reported 1 out of 10 eighth graders used an e-cigarette, more than had used tobacco in the last month.

Why is this trending?

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

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

CMDP covers smoking cessation medications, on a case by case basis, that can help addicted teens! If you have a patient where these drugs may be appropriate, please submit a prior authorization form to MedImpact, our pharmacy company. You can find these forms on our website at: [www.azdes.gov/cmdp](http://www.azdes.gov/cmdp)

If you have any questions, please contact our Medical Services Unit for further assistance.

*Youth and tobacco use.* (2015). Retrieved November 4, 2015, from Centers for Disease Control and Prevention website, [http://www.cdc.gov/tobacco/data\\_statistics/fact\\_sheets/youth\\_data/tobacco\\_use/](http://www.cdc.gov/tobacco/data_statistics/fact_sheets/youth_data/tobacco_use/)

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

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



## Third Molar Extraction – AHCCCS Coverage Policy



The extractions of maxillary and mandibular third molar teeth are AHCCCS covered services when determined medically necessary. CMDP determines medical necessity on an individual, case-by-case basis and not based solely on a pre-selected set of criteria.

The provider request for the removal of third molar teeth should include a narrative statement which clarifies the extraction to be medically necessary. Pain, local or systemic infection, pathology/cyst, caries or root involvement are criteria that must be present for service coverage. The documentation submitted should also include periapical or panoramic x-ray and the identification of the symptomatic teeth.

AHCCCS policy does not cover extraction of asymptomatic third molars. To determine eligibility for extraction there needs to be a distinct reason for the removal of the teeth and this reason should be clearly stated. The prophylactic removal of asymptomatic third molar teeth, exhibiting no overt clinical pathology, is not a covered benefit.

All surgical extractions of third molars require prior-authorization (PA). The ADA Dental Procedure Codes for removal of impacted third molars have the description of soft tissue (D7220), partially bony (D7230) or completely bony (D7240). The tooth number should be identified, with the appropriate CDT code, and submitted to CMDP with the standard ADA dental claim form.

Dr Jerry Caniglia  
CMDP Dental Consultant

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

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

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

[azaapeducate.org](http://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/>

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## The Network to Develop a Statewide Plan for Integrated Physical & Behavioral HIE

The Network, Arizona's statewide HIE operated by Arizona Health-e Connection (AzHeC), has begun the development of a statewide plan to integrate physical and behavioral health information exchange (HIE) under one infrastructure. This effort, funded by the State of Arizona in collaboration with the Arizona Regional Behavioral Health Authorities (RBHAs), aims to incorporate work that has been done to date by The Network, the RBHAs and Behavioral Health Information Network of Arizona (BHINAZ) to facilitate

the secure sharing of patient information by behavioral and medical health care providers. While the plan will outline considerable detail on marketing and messaging, sustainability, participation and connectivity costs as well as implementation timelines, the overall objective will be to develop a single statewide HIE infrastructure for the sharing of physical and behavioral health information with a single participation fee for physical and behavioral health providers.

The goal ultimately is to improve quality and outcomes for Arizona patients who receive physical and behavioral health care, according to Tom Betlach, Director of AHCCCS. "There is clear value in integrating physical and behavioral health information to allow providers access to more complete records on their patients," Betlach said. "This plan will build on the work that has been done by The Network, BHINAZ, the RBHAs and the State of Arizona to enable the secure sharing of physical and behavioral health through one HIE infrastructure. As we move toward an integrated delivery system, we need to have an HIE that supports providers in developing integrated delivery service models."

The plan will be designed to contain these essential elements:

- A single HIE infrastructure managed by The Network;
- One marketing, communications and messaging strategy for the integrated HIE for all physical and behavioral services; and
- One financial model that encompasses a single fee for both physical and behavioral health care stakeholders to sustain the integrated physical and behavioral health network.

The State is supporting the development of a single statewide HIE built on The Network for a variety of reasons. As a part of AzHeC, The Network's non-profit governance structure is transparent and broad-based, led by providers, payers and the community. Under this governance model, providers representing the full continuum of care have the opportunity to participate in the decision-making process of developing this important infrastructure. Nationally, the sustainability of HIEs is a very difficult operational challenge. Therefore, Arizona must support a single, sustainable, integrated, transparent Network with an appropriate governance structure where all providers have an ownership stake.

The Network is utilizing nationally known subject-matter experts and consultants to assist in the development of the plan. The integrated statewide plan is expected to be complete by the end of this year. The plan with results, findings and recommendations will be submitted to the State for review and approval. As part of this process, the State of Arizona will evaluate opportunities to cover some of the provider connectivity and operating costs similar to a current program that provides HIE connectivity funding for hospitals and FQHCs. Funding of this nature helps to offset the cost of HIE connectivity for Network participants; as a result, the AzHeC and Network Boards recently approved the elimination of participation fees for community providers in 2016. Look for more information and updates on this plan in Updates and Alerts from AzHeC.

Sign up to start receiving the AzHeC Update, The Network News and important Alerts. To subscribe click [here](#)

## Let's Go Electronic!

### 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.

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 ClearingHouse (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 is actively trading data with the following Clearinghouses:

<b>Dental Exchange Gateway</b>	<b>Emdeon HEW</b>
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What Clearinghouse does your office use to bill electronic claims?

Please let us know at [CMDPClaims@azdes.gov](mailto:CMDPClaims@azdes.gov).

If you or your Clearinghouse would like to register with CMDP, please visit our website

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

or call our Provider Services Representative, Tammy Tomasino at 602-364-0748 to become a Trading Partner today!

## Billing Members is Prohibited

Under most circumstances, CMDP caregivers and members are not responsible for any medical or dental bills incurred for the provision of medically necessary 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.

Any questions regarding exceptions to this rule are encouraged to contact CMDP Provider Services Unit at (602) 771-3770 for clarification.

Caregivers or members who have received a medical or dental bill from a CMDP provider should contact the CMDP Member Services unit at (602) 351- 2245 or (800) 201-1795 for assistance.

## FQHC and RHC Billing Changes

Effective for dates of service on and after April 1<sup>st</sup> 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>.

## Language Line

Language Line Services are provided for caregivers and members 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 caregivers and members communicate with healthcare providers. CMDP requests that when providers are aware of the need of translation services that arrangements are made with CMDP one week in advance whenever possible. To request these services, contact CMDP Member Services at (602) 351-2245 or (800)201-1795.



# 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>



**Comprehensive Medical and Dental Program**  
**“Serving Arizona’s Children in Foster Care”**  
 (602) 351-2245  
 800 201-1795  
<https://dcs.az.gov/cmdp>

<u>Department Fax Numbers</u>		<u>Department Email Addresses</u>
Claims	(602) 265-2297	Claims <a href="mailto:CMDPClaimsStatus@azdes.gov">CMDPClaimsStatus@azdes.gov</a>
Provider Services	(602) 264-3801	Provider Services <a href="mailto:CMDPProviderServices@azdes.gov">CMDPProviderServices@azdes.gov</a>
Behavioral Services	(602) 351-8529	Behavioral Services <a href="mailto:CMDPBHC@azdes.gov">CMDPBHC@azdes.gov</a>
Medical Services	(602) 351-8529	Member Services <a href="mailto:CMDPMemberServices@azdes.gov">CMDPMemberServices@azdes.gov</a>
Member Services	(602) 264-3801	

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](http://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](http://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](http://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](http://www.aap.org)



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.