

Provider Newsletter

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**COMPREHENSIVE
MEDICAL &
DENTAL PROGRAM**

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Maricopa County Confirms First Pediatric Flu Death of Season

Last week, the Maricopa County Department of Public Health confirmed the first influenza-related **pediatric death** of the 2015-2016 flu season. "This is a very sad reminder how serious the flu can be, and why we all need to make sure we are vaccinated," said Dr. Bob England, director of the Maricopa County Department of Public Health. "What protects us, our children and our loved ones, is not just the flu vaccine that we receive but the vaccinations of everyone around us. The more people who get vaccinated from the flu, the less chance they have of spreading it to others."

Last year Arizona also had one child die from influenza. Hospitalization and death are real risks of the flu especially in the very young and very old.

All children over 6 months-of-age and adults should receive the flu shot. Although immunity (protection) takes about 2 weeks after the shot, it is not too late for children and family members to receive the vaccine for this flu season.

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Asthma Facts

In the U.S.:

- 1 in 11 children have asthma
- African American children are two times more likely to have asthma than Caucasian children
- 1 in 5 children with asthma went to an emergency department for asthma-related care in 2009
- 9 people die from asthma every day
- Asthma is disruptive - 1 in 2 children miss at least one day of school each year
- Asthma is expensive. It costs the nation \$56 billion per year
- Many patients cannot afford their asthma medication



In Arizona:

- Asthma is a major chronic disease, affecting the lives of more than 750,000 Arizonans
- 93 Arizonans died from asthma as a first listed diagnosis in 2013
- 8% of all school children have asthma
- 28,267 Arizonans were admitted to emergency departments for asthma as a first listed diagnosis in 2012

Opportunities for the control of asthma

- National Guidelines: implement "best practices" for asthma diagnosis, treatment, case management and patient education
- Prevention: reduce asthma attacks and disability days by following guidelines: avoid triggers, maintain clean indoor environments, diagnosis and treat according to current protocols, develop partnership between caregivers and patients, provide education for patient self-care to reduce frequency and severity of asthma

CMDP supports providers in the management of our asthmatic members

- We will approve a second inhaler for school
- Our preferred drug list contains many medications to help treat and control asthma.
<http://azahcccs.gov/Resources/Downloads/PharmacyUpdates/AHCCCSDrugList.pdf>
- We encourage an allergy consult with a specialist. No pre-authorization required.
- We pay for spacers.
- We pay for SVN machines. Just send the request to the DME provider.
- The member is not expected to pay for any of the above. Not even a co-pay.

If you have any questions please feel free to contact CMDP. We are here to support you.

www.cdc.gov/asthma/impacts_nation/Asthma_Impacts_Nation_Infographic.pdf

www.cdc.gov/asthma/asthmadata.htm

www.aafa.org/page/asthma-capitals.aspx

www.azasthma.org/?url=asthma-in-az

Importance of Early Screening Exams for Children in Out-Of-Home Care

The importance of a Screening Exam within 72 hours of a child's entry to out-of-home care is to ensure that:

- Immediate healthcare needs are identified and addressed (including dental, behavioral, visual or medical);
- Signs of child abuse and neglect have been assessed; and
- All necessary medications and medical equipment are ordered.
- Provide support and education to the family caring for the child.
- Importance of ensuring that families are reminded of all required EPSDT (well) exams

and immunizations.

- Dental care starts by age one (1)!

The American Academy of Pediatrics and the Child Welfare League of America has developed standards for the health care of children and teens in foster care which we hope will be incorporated into your plan of action. These standards include the recommendation that all children entering foster care should have comprehensive evaluations within 30 days of placement and include a mental health evaluation, a developmental evaluation (if the child is < 6 years old), an educational evaluation (if the child is > 5 years old), and a dental evaluation.

HIV and AIDS Testing for Pregnant Youth: Early Identification and Intervention are the Keys to Prevention

Human Immunodeficiency Virus (HIV) is a very serious disease that causes Acquired Immuno-deficiency Syndrome (AIDS). HIV is spread through direct contact with blood and/or body fluid of someone who is infected with the virus. Babies can also get HIV from a mother who has the virus. Although there are some treatments for HIV and AIDS, there are no vaccines or cures for them.

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

- A quarter 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. don't know they are infected.

- Youth often engage in behaviors that put them at risk for HIV infection.

Per ACOG (The American College of Obstetricians and Gynecologists) and CDC (Centers for Disease Control and Prevention) 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 the pregnant woman, 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 and older, they may consent for their own testing.

A.A.C. R9-22-215 directs AHCCCS health plans to cover family planning services, including contra-

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CMDP Dental Services and Prior Authorization: AHCCCS Procedure Code Update

By Dr. Jerry Caniglia, CMDP Dental Consultant

CMDP provides basic dental services to all members determined medically necessary. The most frequently covered services include preventive, restorative, periodontal, oral surgery and anesthesia. CMDP encourages dental providers to increase all preventive services. Dental sealants applied to newly erupted first and second permanent molars is a covered service, and does not require prior authorization. Early treatment intervention utilizing dental sealants is an oral health benefit in preventing the occurrence of dental caries in young children.

Prior authorization (PA) is required for selective restorative, periodontal, oral surgery and anesthesia procedures:

- Cast crowns (D2750, D2751, D2752). These services are a covered benefit for members 18-20 years old for permanent teeth that have had root canal therapy. Documentation of completed root canal therapy and an x-ray should be submitted.
- Space maintainers (D1510, D1515, D1520, D1525) are covered when there is premature loss of posterior teeth only.
- Periodontal scaling and root planning (D4341, D4342) should include narrative, periodontal chart and x-rays.



- Surgical removal of impacted third molars (D7220, D7230, D7240) should include narrative statement, treatment notes, and x-rays indicating which teeth are symptomatic.
- Deep sedation/general anesthesia and intravenous (IV) conscious sedation should include narrative statement and treatment notes.

AHCCCS code changes include the single code (D9223) to replace (D9220) and (D9221) for general anesthesia and the single code (D9243) replacing (D9241) and (D9242) for intravenous conscious sedation.

Dental providers and office staff should make the necessary AHCCCS code changes (effective January, 2016) and reference the CMDP Dental Benefits Matrix when requesting member treatment services.

Medicaid Fraud and Abuse: How to Report It

Anyone suspecting Medicaid fraud, waste, or abuse should report it. Healthcare 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 or their CMDP card number
- Name of the physician, hospital, or other healthcare provider
- Date of service
- Estimated amount of money involved
- A description of the acts suspected that involve fraud

Billing Caregivers, Child Safety Specialists or Members is a No No!

CMDP receives multiple requests for assistance from caregivers, child safety specialists and members regarding bills from providers. They often try to communicate with providers on their own to no avail. This is when they contact us. CMDP cannot consider these bills until they are submitted as a claim. Per federal and state statutes, providers are prohibited from billing caregivers, child safety specialists or members for covered medical services. Caregivers, child safety specialists and members do not have co-pays, and should not be required to pay for any medical or dental services. Please refer to the [CMDP Member Handbook](#) section titled, *Do Caregivers Pay for Anything?* and the [CMDP Provider Handbook](#) section titled, *Coordination of Benefits (COB / Third Party Liability (TPL))*.

Also, providers should not submit caregiver, DCS Specialist or member bills to collection agencies. This can inadvertently ruin their personal credit through no fault of their own.

The Code of Federal Regulations **42CFR 447.21** and Arizona Revised Statutes (**A.R.S.**) **§ 36-2903.01 (L)** expressly prohibit providers from collecting payment from caregivers, child safety specialists and members. Any collection action is to be terminated

immediately. Failure to do so is in violation of federal and state law and is just cause for assessing a civil penalty.

Additionally, Arizona Administrative Code **A.A.C. R6-5-6006** states that the Department of Child Safety shall not pay for that portion of the cost of any covered service which exceeds the charges set by the fee schedule and that the medical/dental provider is prohibited from rendering a bill for additional amounts to the Department, its representatives, the foster child, the foster parents, his/her guardian, birth parents and other parties indicated.

Based on these laws, the Department, its representatives, the foster child, the foster parents, his/her guardian, birth parents and other parties indicated are not liable for the bills incurred and, therefore, no further collection actions may be taken. In the event that any payments have been made on the account(s), the payments(s) are to be considered as payment in full.

CMDP values our partnership with providers and is here to assist. Remember, if in doubt about any billing issues or submitting a claim, call CMDP

HIV and AIDS Testing for Pregnant Youth

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ceptive 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. Committee Opinion number 635, June 2015. *Prenatal and perinatal human immunodeficiency virus testing: expanded recommendations.*

CDC National Center for HIV/AIDS. July 2014. *HIV testing among adolescents: what schools and education agencies can do.*

Comprehensive Medical and Dental Program (CMDP). October 2013. *CMDP Provider Manual.*

Nemours Foundation (KidsHealth). October 2015. *HIV and AIDS.* Retrieved from <http://kidshealth.org/parent/infections/std/hiv.html#>

How Culture Influences Health Beliefs

All cultures have systems of health beliefs to explain what causes illness, how it can be cured or treated, and who should be involved in the process. The extent to which patients perceive patient education as having cultural relevance for them can have a profound effect on their reception to information provided and their willingness to use it. Western industrialized societies such as the United States, which see disease as a result of natural scientific phenomena, advocate medical treatments that combat microorganisms or use sophisticated technology to diagnose and treat disease. Other societies believe that illness is the result of supernatural phenomena and promote prayer or other spiritual interventions that counter the presumed disfavor of powerful forces. Cultural issues play a major role in patient compliance. One study showed that a group of Cambodian adults with minimal formal education made considerable efforts to comply with therapy but did so in a manner consistent with their underlying understanding of how medicines and the body work.

Asians/Pacific Islanders are a large ethnic group in the United States. There are several important cultural beliefs among Asians and Pacific Islanders that nurses should be aware of. The extended family has significant influence, and the oldest male in the family is often the decision maker and spokesperson. The interests and honor of the family are more important than those of individual family members. Older family members are respected, and their authority is often unquestioned. Among Asian cultures, maintaining harmony is an important value; therefore, there is a strong emphasis on avoiding conflict and direct confrontation. Due to respect for authority, disagreement with the recommendations of health care professionals is avoided. However, lack of disagreement does not indicate that the patient and family agree with or will follow treatment recommendations. Among Chinese patients, because the behavior of the individual reflects on the family, mental illness or any behavior



that indicates lack of self-control may produce shame and guilt. As a result, Chinese patients may be reluctant to discuss symptoms of mental illness or depression.

Some sub-populations of cultures, such as those from India and Pakistan, are reluctant to accept a diagnosis of severe emotional illness or mental retardation because it severely reduces the chances of other members of the family getting married. In Vietnamese culture, mystical beliefs explain physical and mental illness. Health is viewed as the result of a harmonious balance between the poles of hot and cold that govern bodily functions. Vietnamese don't readily accept Western mental health counseling and interventions, particularly when self-disclosure is expected. However, it is possible to accept assistance if trust has been gained.

Russian immigrants frequently view U.S. medical care with a degree of mistrust. The Russian experience with medical practitioners has been an authoritarian relationship in which free exchange of information and open discussion was not usual. As a result, many Russian patients find it difficult to question a physician and to talk openly about medical concerns. Patients expect a paternalistic approach—the competent health care professional does not ask patients what they want to do, but tells them what to do. This reliance on physician expertise undermines a patient's motivation to learn more about self-care and preventive health behaviors.

Although Hispanics share a strong heritage that includes family and religion, each subgroup of the Hispanic population has distinct cultural beliefs and customs. Older family members and other relatives are respected and are often consulted on important matters involving health and illness. Fatalistic views are shared by many Hispanic patients who view illness as God’s will or divine punishment brought about by previous or current sinful behavior. Hispanic patients may prefer to use home remedies and may consult a folk healer, known as a curandero.

Many African-Americans participate in a culture that centers on the importance of family and church. There are extended kinship bonds with grandparents, aunts, uncles, cousins, or individuals who are not biologically related but who play an important role in the family system. Usually, a key family member is consulted for important health-related decisions. The church is an important support system for many African-Americans

Cultural aspects common to Native Americans usually include being oriented in the present and valuing cooperation. Native Americans also place great value on family and spiritual beliefs. They believe that a state of health exists when a person lives in total harmony with nature. Illness is viewed not as an alteration in a person’s physiological state, but as an imbalance between the ill person and natural or supernatural forces. Native Americans may use a medicine man or woman, known as a shaman.

As can be seen, each ethnic group brings its own perspectives and values to the health care system, and many health care beliefs and health practices differ from those of the traditional American health care culture. Unfortunately, the expectation of many health care professionals has been that patients will conform to mainstream values. Such expectations have frequently created barriers to care that have been compounded by differences in language and education between patients and providers from different backgrounds.

Strategies for Working With Patients In Cross-Cultural Settings
<ul style="list-style-type: none"> • Learn about the cultural traditions of the patients you care for. • Pay close attention to body language, lack of response, or expressions of anxiety that may signal that the patient or family is in conflict but perhaps hesitant to tell you. • Ask the patient and family open-ended questions to gain more information about their assumptions and expectations. • Remain nonjudgmental when given information that reflects values that differ from yours. • Follow the advice given by patients about appropriate ways to facilitate communication within families and between families and other health care providers.
<p>SOURCE: <i>Mc Laughlin, L., & Braun, K. (1998). "Asian and Pacific Islander cultural values: Considerations for health care decision-making." Health and Social Work, 23 (2), 116-126.</i></p>

Cultural differences affect patients’ attitudes about medical care and their ability to understand, manage, and cope with the course of an illness, the meaning of a diagnosis, and the consequences of medical treatment. Patients and their families bring culture specific ideas and values related to concepts of health and illness, reporting of symptoms, expectations for how health care will be delivered, and beliefs concerning medication and treatments. In addition, culture specific values influence patient roles and expectations, how much information about illness and treatment is desired, how death and dying will be managed, bereavement patterns, gender and family roles, and processes for decision making.

Cross-cultural variations also exist within cultures. Strategies that you can use in working with patients from different cultures as displayed in the table above.

www.euromedinfo.eu/how-culture-influences-health-beliefs.html/

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) provides medical care and support services to children and youth who have chronic and disabling conditions.

www.uhccommunityplan.com/

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

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)** is a non-profit statewide coalition whose mission is to partner with both the public and private sectors to immunize Arizona's children.

www.whylimmunize.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 • Toll Free 1-800-201-1795

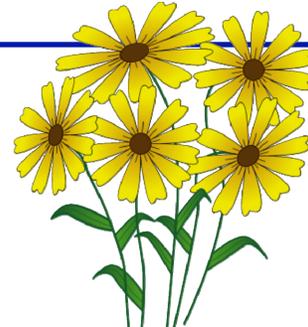
dcs.az.gov/cmdp

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.....	CMDPPProviderServices@azdes.gov
Behavioral Services.....	CMDPBHC@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 CMDP at 602-351-2245; TTY/TDD Services: 7-1-1. • Free language assistance for Department services is available upon request.