



Provider Review

Issue 4 Volume13 2014

Dear CMDP Providers,

Thank you for another fantastic year. As a member of the CDMP provider team, you are making a difference in the lives of the nearly 17,000 children and youth in out of home care. I am proud that even with the growth in membership CMDP's average claims processing time is at 17 days. We are striving to reduce this time and can do so with your assistance.

One way you can assist is transitioning towards Electronic Claims submission. I was surprised that only 20% of providers are submitting claims electronically. Our research shows that many providers believe they are submitting electronically, however, most are not. You can check your remit and if your claim numbers do not start with the letters EDI, you are not submitting electronically and should call your clearing house and ask them to start.

I also wanted to thank you for being accessible to our membership, this past year we received less than 5 complaints from members regarding Primary Care or Specialist availability. Having a state wide provider network of professionals that we can depend upon is heartening.

Again, thank you and I look forward to working with you in a prosperous 2015,

*Rodd Mas
Program Administrator*

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Provider Attestation Information

AHCCCS continues to monitor whether Congress will authorize continued federal funding for enhanced reimbursement for eligible primary care services for dates of service on and after January 1, 2015. To date, no such funding has been allocated. Should Congress not approve the enhanced payments for 2015 in the next few months, AHCCCS will discontinue the enhanced reimbursement for eligible primary care services for dates of service beginning January 1, 2015.

Congress has occasionally authorized expenditures that take effect retroactively. In the event that Congress approves the enhanced federal funding for eligible primary care services after January 1, 2015, AHCCCS will notify providers and MCO's of the process for obtaining such reimbursement.

Continue to check this page for updates.

The web-based Provider attestation form is available. The link can be found under *Provider Attestation Information* below.

Is Your Clearinghouse On CMDP's List Of Trading Partners?

Dental Exchange

Emdeon

Gateway

HEW

If SO, you have a head start toward transmitting electronic claims to CMDP!
CMDP has registered, tested and proven our ability to accurately receive claims from the above Clearinghouses.

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
<http://www.azdes.gov/cmdp>

or call our Provider Services Representative, Sylvia Valdez at 602-364-4053
to become a Trading Partner today!

Diagnosis Related Group Is Here to Stay! (DRG)

Effective 10/1/14, AHCCCS has implemented an All Payer Refined-Diagnosis Related Group (APR-DRG) based payment system which replaced the tiered Per Diem inpatient payment methodology. The transition point will be based on Ending Date of Service, so for patients Discharged on or after October 1st the whole claim will be priced using the APR-DRG calculation.

What are Administrative Days you ask? Administrative days are those days in which a member does not meet the criteria for an acute inpatient stay, but are not discharged because an appropriate placement outside the hospital is not available or the member cannot be safely discharged or transferred. Administrative days must be billed on a separate claim form and must have a separate Prior Authorization from the acute care services.

Please utilize the following link for details regarding DRG's and to clarify any questions related to DRG-based payments:
<http://www.azahcccs.gov/commercial/ProviderBilling/DRGBasedPayments.aspx>

If you have any further questions, please call Rachel Ferrero at 602-771-3675.

Remember EPSDT and an EP Modifier Go Hand and Hand

Effective 4/1/14, AHCCCS requires the use of an EP modifier on Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) visits. EPSDT visits are paid at a global rate and Providers must use an EP modifier to designate all services related to the EPSDT well child check-ups, including routine vision and hearing screenings. Appropriate vision, hearing, and speech screenings are covered during an EPSDT visit. Payment for vision and hearing exams, include but are not limited to the following CPT codes:

92015	92568
92081	92285
92285	92286
92551	92587
92552	92588
92553	95930
92567	99173

Any other procedure that may be interpreted as fulfilling the vision and hearing requirements provided in a PCP's office during an EPSDT visit *are considered part of the EPSDT visit* and are not a separately billable services. Also payment for laboratory services that are not separately billable and considered part of the payment made for the EPSDT visit include but are not limited to:

99000	36400
36415	36406
36416	36410

Please utilize the following link and refer to chapter 400 to review the new requirements
<http://www.azahcccs.gov/shared/MedicalPolicyManual/MedicalPolicyManual.aspx>.

Contact CMPD with any further questions at 602-351-2245.

Fluoride Varnish Application – Simple, Easy, Beneficial

Fluoride varnish application has been shown to be effective in the prevention of dental caries. It is a commonly used, non-invasive procedure that is well documented in regards to safety. Since there is minimum risk of ingestion when using fluoride varnish, it has become the preferred fluoride product for children less than 6 years of age.

When fluoride varnish is brushed directly on teeth, it adheres and dries immediately. This simple and direct method delivers high concentration of fluoride (5% NaF) to tooth surfaces making it an ideal preventive agent.

AHCCCS formally approved the application of fluoride varnish for primary care physicians in 2014. Since medical providers regularly see children under the age of two, the opportunity exists to initiate early oral health preventive services. AHCCCS will reimburse PCP's for varnish application for members up to second birthday. The frequency of application is every 6 months and the designated billing code is (D1206).

Fluoride varnish is safe, effective and a proven agent in the prevention of dental decay in young children.

Dr. Jerry Caniglia
 CMDP Dental Consultant



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

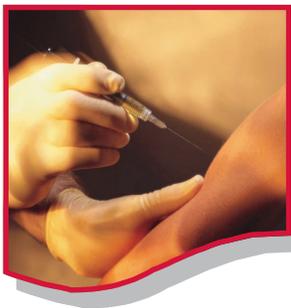
Arizona Health Care Cost Containment System (AHCCCS) approved developmental screening tools, including the Parent's Evaluation of Developmental Status (PEDS) Tool, Ages and Stages Questionnaire (ASQ), and the Modified Checklist for Autism in Toddlers (M-CHAT R/F) should be utilized for developmental screening by all participating Primary Care Providers (PCPs) who care for AHCCCS members, age 0 through 20 years. 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)-4 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.

PCPs must be trained in the use and scoring of each developmental screening tool in order to utilize the tool during an EPSDT exam. Providers can learn about training requirements and opportunities on the Arizona Department of Health Services (ADHS) website on a special Clinician's page link:

<http://www.azdhs.gov/clinicians/training-opportunities/developmental/index.php>

Providers will be instructed to print a certificate once they complete the training and fax it to the centralized credentialing agency that all AHCCCS Health Plans are using. The form for this agency, the Council for Affordable Quality Healthcare (CAQH), is also provided on the ADHS website. The CAQH will then store this information, along with everything else they keep, for the credentialing and recredentialing of AHCCCS providers. CMDP Provider Services' staff will use the CAQH database to conduct retrospective audits to ensure provider compliance with these training requirements. NOTE: New providers will be asked to indicate completed training on the AzAHP data form as well as uploading the certificate to the CAQH as they begin the credentialing process with the AHCCCS Health Plan Credentialing Alliance.

Arizona State Immunization Information System (ASIIS)



The Arizona State Immunization Information System (ASIIS) is a registry designed to capture immunization data on individuals within the state. Providers are required, under Arizona Revised Statute (ARS) §36-135, to report all immunizations given to children from birth to 18 years of age to the state's health department. By placing this data into the registry the provider meets this reporting requirement. The registry is a valuable tool for the reporting of immunization information to public health professionals, healthcare providers, parents, guardians and other child care personnel to manage the immunizations of children within the state.

Under Arizona Revised Statute (ARS) §36-135 and Arizona Administrative Code (AAC) R9-6-706 and 707, children "birth to 18" years of age are required to receive certain vaccines to enter childcare facilities and/or schools, and all healthcare professionals administering immunizations to children must report those immunizations to the registry.

Registry Goals

- To have recorded 100% of the vaccinations provided to children within the State.
- To provide all registered ASIIS providers with access to data stored in the registry, allowing them to check 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 provide a means for improved monitoring of immunization levels.

<http://www.azdhs.gov/phs/asiis/>

AAP Updates Recommendations on Treating Bronchiolitis in Young Children

An updated guideline from the American Academy of Pediatrics offers pediatricians guidance in diagnosing, treating and preventing bronchiolitis, a disorder commonly caused by viral infections of the lower respiratory tract that is the most common cause of hospitalization among infants under 1 year of age. The guideline, “Clinical Practice Guideline: The Diagnosis, Management, and Prevention of Bronchiolitis,” is published in the November 2014 Pediatrics (published online Oct. 27). It updates and revises a previous guideline published in 2006.

The new guideline, which applies to children from 1 to 23 months of age:

- Emphasizes that **testing for specific viruses is unnecessary** because bronchiolitis may be caused by multiple viruses.
- **No longer recommends a trial dose of a bronchodilator.** Evidence shows bronchodilators are not effective in changing the course of the illness.
- **Updates recommendations for use of palivizumab** for prevention of infections associated with respiratory syncytial virus (RSV), to align with an AAP policy statement published in July 2014.
- Emphasizes that **only supportive care such as oxygen and hydration** is strongly recommended in bronchiolitis. This is based on a comprehensive evidence review.

The full article can be located at: <http://pediatrics.aappublications.org/content/early/2014/10/21/peds.2014-2742>

Contemporary Pediatrics Expert Advice for Today’s Pediatrician

CDC: Chlamydia remains most widespread STI

Publish date: OCT 02, 2014

By: Karen Bardossi

Chlamydia trachomatis is still the most often reported sexually transmitted infection (STI) in the United States with more than 1.4 million cases in 2012, according to a recent report from the Centers for Disease Control and Prevention (CDC). Sexually active young women between 14 and 24 years of age are at significant risk with a prevalence more than twice the overall rate for people aged 14 to 39 years.

The genital prevalence rate for women aged 14 through 24 years, as monitored by the National Health and Nutrition Examination Survey (NHANES), was 4.7%, compared with an overall prevalence of 1.7% for the most recent monitoring period from 2007 through 2012. (The small sample size of the survey precluded sorting prevalence estimates by sex and age except for young women, who have high prevalence.)

Prevalence among sexually active women decreased significantly with increasing age, from a little over 6% for girls aged 14 through 19 years to slightly under 4% for young women aged 20 through 24 years and about 1% for women aged 25 through 39 years. Among 14-through 24-year-old women, non-Hispanic blacks had the highest prevalence at 13.5%, compared with 4.5% for Mexican-Americans and 1.8% for non-Hispanic whites.

The CDC notes that the prevalence rate of chlamydia among young women supports the recent recommendation by the United States Preventive Services Task Force to screen all sexually active females aged younger than 25 years annually for the infection. In addition, the CDC recommends at least yearly screening of men who report rectal sex and suggests considering targeted urogenital screening of sexually active young men in high-prevalence clinics.

Peds v2.0: Renovating your medical home

The NHANES findings probably underestimate the burden of chlamydia infection, the CDC report says, because the infection is asymptomatic and often undetected; the prevalence figures include only genital infections, not rectal or oropharyngeal ones; the sample size is small; and some respondents may have given false reports of sexual activity or inactivity.

Talk to your Teens about Smoking Cessation

Study demonstrates the power of the discussion between healthcare provider and teen patient

Every day, 1000 adolescents in the United States become daily smokers. Fortunately, many teens make multiple quit attempts, but the odds of unaided success are low. Given these discouraging results, researchers have noted the potential importance of physicians' advice to adolescents.

Physician advice and the combination of screening and advice were associated with healthier attitudes about smoking. Physician screening and advice were also associated with a more accurate knowledge regarding tobacco-related damage. Among current smokers, recalled physician advice was also associated with reduced intentions to smoke in 5 years. Importantly, advised teens were more likely to plan to quit smoking in 6 months. Furthermore, teens who were screened by their physician reported significantly more quit attempts than those who were neither screened nor advised.

Physicians tobacco-related interactions with adolescents seemed to positively impact their attitudes, knowledge, intentions to smoke, and quitting behaviors. Brief physician interventions have the potential to be a key intervention on a public health level through the prevention, cessation, and reduction of smoking-related disease.

American Academy of Pediatrics May 2011

<http://pediatrics.aappublications.org/content/127/6/e1368.full.html>

FDA Alerts/Black Box

Two Drug Recall's during 2nd quarter, April-June 2014:

Advocate Redi-code+ BMB-Ba006A blood glucose test strips: was recalled due to not being compatible with certain Advocate glucometers causing an incorrect glucose result.

Genstrip blood glucose test strips: was recalled due to supplier, Shasta Technologies LLC, being in violation of quality control which could cause the test strips to report inaccurate blood glucose levels.

One FDA warning was issued during 3rd quarter, July-September 2014

Xolair: Warning issued because patients on this medication may have a slightly higher risk of serious adverse events affection the cardiovascular and cerebrovascular systems as well as potential cancer risks according to the FDA. In result, these risks have been added to the drug label.

*No CMDP members were affected by the recalls.

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 602-771-3770 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.

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.



Cultural Competence in the Nursing Practice



By Lanette Anderson on Fri, Jan 10, 2014

Cultural competence and respect for others becomes especially important for us in the nursing practice because we are patient advocates.

In school, we are taught to respect the rights and dignity of all patients. As the world becomes smaller and individuals and societies become more mobile, we are increasingly able to interact with individuals from other cultures.

How Culture Affects Healthcare

We all begin the process of learning the behaviors and beliefs of our culture at birth. We become assimilated into that culture and the way that we express is often without conscious thought. Our culture can have a definite and profound effect on how we interact with others, and also how we relate to the healthcare system.

Diversity is prevalent in our society and the patients and our co-workers in our healthcare system today clearly demonstrate that fact. The development of cultural competence in the nursing practice first requires us to have an awareness of the fact that many belief systems exist. At times, the healthcare practices of others may seem strange or meaningless. The beliefs that others have about medical care in this country, and sometimes their aversion to it, may be difficult for us to understand.

We must remember that we don't need to understand these beliefs completely, but we do need to respect them.

Addressing Challenges to Cultural Competency

Barriers to cultural sensitivity in the nursing profession can include stereotyping, discrimination, racism, and prejudice. There are situations in which we may portray a lack of sensitivity without realizing it or intending to offend someone else. Simple steps such as addressing patients by their last name or asking how they wish to be addressed demonstrate respect.

Here are other simple ways to promote respect:

- **Never make assumptions about other individuals or their beliefs.** Ask questions about cultural practices in a professional and thoughtful manner, if necessary.
- **Find out what the patient knows about health problems and treatments.** Show respect for the patient's support group, whether it is composed of family, friends, religious leaders, etc.
- **Understand where men and women fit in the patient's society.** In some cultures, the oldest male is the decision-maker for the rest of the family, even with regards to treatment decisions.
- Most importantly, make an effort to gain the patient's trust for a stronger nurse-patient relationship. This may take time, but all will benefit if this is accomplished. If the patient does not speak your language, attempt to find someone who can serve as an interpreter.

Cultural competence is the ability to provide effective care for patients who come from different cultures. It requires sensitivity and effective communication in nursing, both verbally and non-verbally.

In the Nursing Workplace

As a nurse, we are far from representative of the populations that we serve. Members of minorities make up only a small percentage of nurses in the U.S. This number has been estimated to be as low as ten percent.

The important issues of recruitment into the profession should specifically include efforts to recruit minorities and individuals from other cultures. When working with these individuals, the same principles apply as those listed above. Everyone should respect each other as a part of the healthcare team. After all, we are working towards the same goals of providing safe patient care.

Cultural sensitivity and cultural competence plays an important part in the nursing practice. Respect for others is discussed along with patient care in our basic introductory courses in school. It may have been a while since we heard how important it is in the development of an effective relationship, but unlike some aspects of the nursing practice, this will never change.

<http://www.nursetogether.com/cultural-competence-in-the-nursing-practice#comments>



Comprehensive Medical and Dental Program
“Serving Arizona’s Children in Foster Care”

(602) 351-2245

800 201-1795

www.azdes.gov/cmdp

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.whyimmunize.org

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

www.aap.org

Department Email Addresses

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

Department 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



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.