

# PIMA HEALTH SYSTEM PROVIDER NEWSLETTER

Fall 2010

Quarterly Provider Newsletter Distributed by Pima Health System

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*Working Together We All Make  
A Difference*

3950 S. Country Club Rd., Suite 400  
Tucson, AZ 85714  
www.phs.pima.gov

### **Want Your Newsletter Emailed To You?**

*If you would like your copy of the Pima  
Health System newsletter emailed to  
you, please send your email address to  
Chris Calanche @  
Chris.Calanche@pima.gov.*

## IMPORTANT INFORMATION ON BENEFIT CHANGES for ACUTE CARE AND LONG TERM CARE MEMBERS



Due to Arizona's huge budget problems and more people being added to the Medicaid Program, after 10/1/2010, Pima Health System, under the direction of the AHCCCS Administration, will no longer pay for certain medical care for anyone who is 21 years old or older.

The medical services that will no longer be covered are:

- Most dental care
- Bone anchored hearing aids and cochlear implants
- Insulin pumps
- Percussive vests
- Orthotics
- Visits to a podiatrist
- Pancreas transplants (except when pancreas transplant and a kidney transplant are done at the same time)
- Lung transplants
- Allogeneic unrelated hematopoietic cell transplants
- Heart transplants for non-ischemic cardiomyopathy
- Liver transplants for persons with hepatitis C
- Visits to the doctor when you have no specific complaint and are not being treated for any symptoms (well exams)
- Microprocessor-controlled lower limbs and joints for lower limbs

The medical service that will now be limited is:

- Outpatient Physical Therapy Limit of 15 visits per contract year (10/1 through 9/30)

### **For Acute Members Only:**

Non emergency medical transportation for certain adult populations may be limited if approved by the federal government. This change will not take place on 10/1/2010.

For more detailed information, visit the AHCCCS website at:

<http://www.azahcccs.gov/reporting/legislation/2010/BenefitChanges.aspx>

There is also a link on the PHS website [www.phs.pima.gov](http://www.phs.pima.gov) under "What's New"

If the member is a Qualified Medicare Beneficiary, we will continue to pay Medicare deductible and coinsurance for these services.

All AHCCCS members will be receiving a letter regarding these changes during the week of August 23, 2010.

If you have questions, please contact Pima Health System at 243-8500.



## Medical Record Reviews and Requirements

PHS strives to ensure that our members receive quality health/dental care. One of the ways that we can accomplish this is to conduct medical record reviews (MRR)s on our contracted practitioners. The MRRs are performed on Adult, Pediatric, Dental, & High Volume Specialists, including Behavioral Health providers. Each of the individual tools has their own corresponding Definitions of Indicators.

For your convenience, the MRR Definitions of Indicators have recently been added to the PHS web site so they may be referenced at any time at [www.phs.pima.gov](http://www.phs.pima.gov). You will find them located under the **Provider Assistance** tab then under **Quality Management**.

PHS has developed medical record standards, which comply with the National Committee for Quality Assurance (NCQA) and AHCCCS requirements as a part of its Quality Management/Performance Improvement (QM/PI) Program. **All practitioners who are contracted with PHS are responsible for complying with these standards for record maintenance.**

For Advanced Health Care Directives and Communication and Collaboration, numbered indicators on each of the audit tools are listed below with their corresponding definitions.

### ***Advanced/Health Care Directives Addressed/copy available if executed (Age 18+):***

- Adult Record Review Indicator #34
- Pediatric Record Review Indicator #60
- Specialist Record Review #34
- Dental Record Reviews, does not apply

### **Definition of Indicator:**

There is evidence that the patient (18 yr. and older) has been educated regarding Advanced Directives/Health Care Directives. This may be found in the History and Physical, on a progress note and/or as part of a checklist. In addition, if the member has chosen to execute an Advanced Directive/Health Care Directive, there is evidence that a copy is available to the practitioner.

### ***Communication/Collaboration between PCP/Specialist, including Behavioral Health:***

- Adult Record Review Indicator #62
- Pediatric Record Review Indicator #53
- Specialist Record Review Indicator #53
- Dental Record Reviews, does not apply

**Definition of Indicator:** There is evidence of collaboration between PCPs and specialists (i.e., consultations, progress notes). For PCP/behavioral health specialist collaboration, documentation is evident that the PCP responds to BH within 10 days. In addition, there is evidence that the PCP notifies the BH specialist of any changes in member's health status, including but not limited to: diagnosis of chronic conditions, support for petitioning process and all medications prescribed. Documentation of any of the above may be found in the *Correspondence* or *Progress Notes* sections within the medical record, if applicable.

If you have any questions or comments regarding these requirements you may call Jan Reiner, RN, Quality Management Coordinator, at (520) 243-8255, or Melanie DiCicco, RN, Behavioral Health Coordinator for related Behavioral Health questions (520) 546-4471.



## CREDENTIALING CORNER

### PHS IS NOW DOING 3 YEAR RECREDENTIALING

In January of 2009 PHS went to every 3 year recredentialing instead of every 2 years.

The good news is that you only have to fill out recredentialing applications every 3 years. The bad news is that you must return your recredentialing application to us as soon as possible since you can not go beyond three years. AHCCCS requires that we terminate your credentialing at the end of 3 years.

PHS contracts with a CVO (credentials verification organization) called GACCP who will send you a recredentialing application after 2.5 years. They will follow up with 2 reminders. It is your responsibility to return your application to GACCP as soon as possible in order to remain credentialed with PHS. If we do not receive your application after the third request, you will automatically be terminated and therefore, unable to provide services to PHS members.

Any questions should be addressed to Sandy Collins, Credentialing Coordinator at (520) 243-8251 or via email at Sandy.Collins@pima.gov.

## AUTHORIZATIONS AND MEDICAL NECESSITY DOCUMENTATION

The Appeals Department has seen an increase in appeals from members for denied services and we want to assist you to assist our members. Often the original denial could have been avoided. PHS follows both Medicare guidelines and the AHCCCS Medical Policy Manual guidelines. When requesting a service it is important to send all relevant medical documentation to support the request. As an AHCCCS contractor, PHS must abide by A.A.C R9-22-202.B.1. This statute requires us to only pay for medically necessary, cost effective, and federally-reimbursable and state-reimbursable services. This is why it is so important to send all supporting records with your request.

The three commonly denied services are:

**Compression Stockings:** Covered only for; sores, documented moderate to severe edema, documented venous insufficiency, or after certain surgeries

**Rehabilitation Therapies:** Covered only when there is potential for improvement. Physical therapy is not covered as a maintenance program. When requesting any type of therapy, documentation supporting the diagnosis driving the request for therapy is necessary. An expected outcome is also needed.

**MRI:** Results of a recent x-ray must be provided as they must be performed before an MRI can be authorized.

PHS is committed to providing our members the care they need. Submission of a request for authorization without providing the documentation to support medical necessity could result in delays impacting the member.

As an example, on January 2<sup>nd</sup> a request for authorization was received at PHS. Our prior authorization department had 14 days to make a decision. A 14 day extension may be requested due to missing information. If the prior authorization request is denied, a notice of action (NOA) is sent to the member. The member now has 60 days to appeal an unfavorable decision. Once PHS receives the appeal we have 30 days, plus 14 extra days if needed, to make a decision. So, from the time the original request was made, it may be 113 days before another decision is made on the service. If the appeal is unfavorable to the member, they then have 30 days to request a State Fair Hearing. These are usually scheduled 6 to 8 weeks after the request. The final decision from the hearing arrives about two months later. So the request made on January 2<sup>nd</sup> may not have a final decision until August 25<sup>th</sup> or later. Most times this scenario can be avoided by proper documentation accompanying the original request.

If you have questions, please contact Kitleyann West at (520) 243-8006 or Lisa-Kay Caswell at (520) 243-8103.

## ***CLAIMS CORNER***

### **RESUBMISSIONS AND ADJUSTMENTS**

#### **Resubmissions of a UB04 Claim**

The Claims Processing system will deny claims with errors that are identified during the editing process.

- ⌚ These errors will be reported to the provider on the Remittance Advice.
- ⌚ Providers should correct claim errors and resubmit for processing within the contracted resubmission claim time frame
- ⌚ **When resubmitting a denied claim, the provider must submit a new claim containing all previously submitted lines.**
- ⌚ The original Claim Reference Number (CRN) must be included on the claim to enable the system to identify the claim being resubmitted. Otherwise, the claim will be entered as a new claim and may be denied as a duplicate claim or for being received beyond the initial submission time frame.

#### **Resubmissions of a CMS 1500 claim**

- ⌚ Enter "A" in Field 22 (Medicaid Resubmission Code) and the CRN of the original claim in the field labeled "Original Ref. No."
- ⌚ **Resubmit the claim in its entirety, including all original lines if the claim contained more than one line.**
- ⌚ Failure to include all lines of a multiple-line claim will result in recoupment of any previously paid lines that are not accounted for on the resubmitted claim.

Example:

Provider submits a three-line claim. Lines 1 and 3 are paid, but Line 2 is denied.

When resubmitting the claim, the provider should resubmit all three lines. If only Line 2 is resubmitted, the system will recoup payment for Lines 1 and 3.



### ***Behavioral Health News***

The Behavioral Health department continues to offer new and innovative group experiences for our ALTCS members. The newest is our Multi Sensory Group. Research has shown that multi-sensory environments offer a wealth of benefits, often affording the member an opportunity to improve communication, enhance their understanding of others, and build trust in relationships.

Our Multi Sensory experience is a relaxation group that provides a safe non-threatening environment for behavioral health members with limiting conditions, allowing them to enjoy gentle stimulation of the primary senses through various techniques such as aroma therapy, tactile stimulation and visual themes. For example, olfactory stimulation using a fragrance of beach sand and surf or monsoon rains and mountain air to trigger joyful memories of youth.

Away from the pressures of their direct care environment clients are able to recuperate and relax. Clients will experience self-awareness, autonomous discovery, and exploration achievement that may assist with overcoming inhibitions, enhancing self-esteem, and reducing stress in an environment free from the expectations of others.

In the short amount of time that this group has been up and running members have reported an improvement in their moods, improved sleeping patterns and an improved appetite. One client stated that she uses a particular method learned in the group to self-soothe before bed in which she imagines she is walking under the stars at night.

The Multi Sensory Group is a shared experience to enjoy and replenish the spirit. If you are interested in initiating a referral, please contact the member's PHS case manager at (520) 243-8122 (Tucson office).

## CULTURAL CORNER



### Patient Cultural Assessment Tool

To have a better understanding of the patient's medical history, cultural beliefs and health practices, these questions may be helpful in obtaining pertinent information.

1. Where were you born?
2. What cultural group do you feel connected with?
3. Where have you lived and when?
4. How does your culture view birth? Death?
5. Who are the healers or health care providers in your culture?
6. Do you have a preference if your Health Care Provider is male or female? Younger or older than you?
7. How does your culture view aging? Do elderly have certain roles?
8. How is modesty expressed by men and women?
9. What parts of your body are you modest about?
10. How can we respect your privacy?
11. Is your culture generally reserved or expressive?
12. What languages do you speak?
13. What language do you prefer to use to communicate with me?
14. Would you like an interpreter?
15. Are you comfortable with eye contact?
16. Do you prefer a provider from your culture?
17. Are there religious practices to help in your health? How is your religion involved when you are ill? Are there special rites or blessings?
18. Do you eat certain foods to keep healthy? Do you abstain from certain foods?
19. Do you drink alcohol?
20. Do you change your diet for religious purposes?
21. How does your culture view people with mental illness?
22. Who is the most important person in your family? Who makes most of the health care decisions?
23. Who is the principal wage earner? Are there other sources of support?
24. Do you prefer to read and write in another language other than English?
25. Are there specific genetic or acquired medical conditions in your culture?

### ***PHS Educational Inservices***



**PHS offers a variety of educational opportunities for your staff**

***The Impact of Cultural Diversity in Our Lives and Excellence in Customer Service***

Other inservices are listed on the PHS Training Center website ([http://www.phs.pima.gov/html/inside\\_inservice.html](http://www.phs.pima.gov/html/inside_inservice.html))

or

Contact Chris Calanche at Pima Health System for a list of upcoming inservices.

RSVP Required for all inservices.

Phone: 520-243-8369

Fax: 520-243-8390

E-mail [Chris.Calanche@pima.gov](mailto:Chris.Calanche@pima.gov)

## **Important Reminder from AHCCCS**

"Important reminder, as a registered provider with the AHCCCS Administration, (Arizona's Medicaid Program), you are obligated under 42 C.F.R. §1001.1901(b), to screen all employees, contractors, and/or subcontractors to determine whether any of them have been excluded from participation in Federal health care programs. You can search the HHS-OIG website, at no cost, by the names of any individuals or entities. The database is called LEIE, and can be accessed at <http://www.oig.hhs.gov/fraud/exclusions.asp> "

### **FRAUD AND ABUSE CONCERNS UPDATE**

**Virginia Rountree R.N., Deputy Director, is the Compliance Officer for PHS**

**You may report fraud and abuse concerns in the following ways:**

**PHS Corporate Compliance Office  
(520) 243-8032**

**Or you can call the hotline number and leave a message with your concern:**

**PHS Compliance Hot Line: 520-419-0317**

**Abuse Concerns  
(520) 243-8250**

**or write to:**

**PHS Compliance Office  
P.O. Box 27895, Tucson, AZ 85726**

## **E-Learning Seminar on Fraud and Abuse**

AHCCCS has recently published to its website an e-learning seminar -- "Fraud Awareness for Providers" that discusses provider and member fraud. AHCCCS encourages health plans and providers alike to have their staff review / listen to this short 10 minute seminar. The e-seminar can be found on the AHCCCS website at [www.azahcccs.gov/commercial/default.aspx](http://www.azahcccs.gov/commercial/default.aspx). Scroll down this page and you will be able to click on the Fraud Awareness for Providers seminar. A link to the e-seminar has also been placed on the PHS website at [www.phs.pima.gov](http://www.phs.pima.gov). If we all work together, we can reduce fraud and maximize existing services for those who need them.

## **Verification of Services**

Recently, AHCCCS made a change to Chapter 400 of the Contractor Operations Manual. Section 434 now requires PHS to call randomly selected members and verify services. PHS will be asking only one question of the member who received the service. We will say that our records show they saw Dr. X on a specific date and ask if that is correct.

The services verified must be tied back to a paid claim. Once our survey is completed a report is submitted to AHCCCS. This report shows the type of service reviewed, the number of surveys completed, number of validated services, the percentage of services validated and the number of services referred to PHS's Corporate Compliance Office. If a concern is referred to our Corporate Compliance Office, you may receive a call asking for records to support the service in question. If you have any questions regarding this new requirement please contact your Provider Representative, Member Services at 243-8060 or the Grievance and Appeals Manager at 243-8006.

**YOU ARE INVITED**

# *Pima Health System Fall Cultural Event*

Presents

Tucson Community Resources

September 21st, 2010  
10:00 a.m. — 2:00 p.m.  
Room 1104  
3950 S. Country Club Rd.  
Tucson, AZ 85714

With many services and benefits being cut or reduced due to funding, we are all looking for available resources to assist members with a variety of needs. This event will provide you with the opportunity to learn about and meet staff from many of our local agencies.

Look for these providers.



Community Partnership of So. AZ  
(CPSA)

Jewish Family & Children Services

Alzheimers Association

American Diabetes Association

Catholic Social Services

Cerebral Palsy Foundation

C.O.D.A.C. Behavioral Health Services

Department of Economic Security

K.A.R.E. Family Center

Marana Health Center



Gospel Rescue Mission

Muscular Dystrophy Association

*Plus Many Others*

# PIMA HEALTH SYSTEM

Provider Services/Contracts  
3950 S Country Club Rd Ste 400  
Tucson Arizona 85714

**PRESORTED  
STANDARD  
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## **PHS PROVIDER SPOTLIGHT**

**PHS Wants the Spotlight on You!!**

*As a Provider for PHS, if you would like to highlight information about new services or programs in our newsletter, please contact your PHS Provider Representative or call (520) 243-8500 or email Chris Calanche @ [chris.calanche@pima.gov](mailto:chris.calanche@pima.gov).*