

# PIMA HEALTH SYSTEM PROVIDER NEWSLETTER

Winter 2010

Quarterly Provider Newsletter Distributed by Pima Health System

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## Annual Home Care Fair

Pima Health System Annual Home Care Fair was held Wednesday, October 28, 2009 at the Herbert K. Abrams Public Health Center location. Thirty-three (33) Home Care and Hospice providers, along with Lifeline Emergency Alert Service were present at the event. Over 80 provider representatives were present from the combined agencies that participated. These agencies provide invaluable home care services that enable thousands of PHS members to stay at home and live as independently as possible.

The fair was extremely well attended by PHS Case Managers, and a myriad of other PHS and Community Service System staff members. This annual event allows providers and PHS staff to come “face-to-face” with the voice at the other end of the phone. It’s always pleasant to see the surprise in finally placing the face to the voice. There have been some new staff added to the PHS Case Management department and providers were very pleased at the response. Many business cards were exchanged and it was an opportunity for PHS staff to learn more about the agencies.

Our mutual goal is to provide quality care for PHS members and this is achieved by partnering with the excellent agencies in our network.

Special thanks to all the providers who attended and for making this event successful.

*Working Together We All Make  
A Difference*  
3950 S. Country Club Rd., Suite 400  
Tucson, AZ 85714  
[www.pimahealthsystem.org](http://www.pimahealthsystem.org)



## Wear Red Day

February 5, 2010 is National Wear Red Day. Wear red and help support the fight against heart disease, the number 1 health threat for women!



## *IMMUNIZATIONS:*

**IT'S THAT TIME AGAIN...** if your PHS members have not had a **flu** vaccination and you have the vaccine, talk with them about the benefits of receiving their immunization and then give it to them while they are at your office/clinic. If you do not have the vaccine, Quality of Life (QOL) Medical Clinic, with the help of PHS, is starting to give the flu and pneumonia shots to our Home and Community Based Services (HCBS) members. The nurses will call to set up appointments in the PHS ALTCS member's home, or the member/caregiver can contact QOL at 733-2250 and ask for Tara to set up their own appointment. After the appointment is set, please encourage your member to keep the appointment. PHS ALTCS members residing in nursing facilities will be receiving their flu immunization by nursing staff with a written order from their primary care provider.

Please be aware that, as a part of the Performance Improvement Project related to Flu Immunization Refusal, AHCCCS **only** accepts the following four reasons for refusal:

- Member/patient is on hospice.
- Member/patient has had a severe allergic reaction to previous influenza vaccine.
- Member/patient has an allergic reaction to eggs.
- Member/patient has a diagnosis of Guillian Barre' syndrome.

**Documentation of one of the four reasons above must be easily found in the patient's medical record.**

It is also important for all our PHS Acute members to get their flu immunization. The radio and television stations, as well as the local newspapers give the locations of where these members can go to get a flu shot. Most accept Medicare as a payment plan.

While you are educating your patients on the benefits of immunizations please review the need for **pneumonia** immunization. PHS feels that all of our members are high risk and if they have not had a pneumonia immunization or they are unsure if they have ever received one, then immunize them before they leave your office/clinic or write the order for the member to receive it.

**H1N1/SWINE FLU:** Please refer to CDC, ADHS or <http://www.pimahealth.org/> for further updates.



## **Diabetes**

The PHS QM department has just completed the AHCCCS Diabetic Performance Measure (PM) audit focusing on Diabetic ALTCS members for the Measurement Period of 10/01/2007-09/30/2008.

**The indicators included in the PM were:**

- **An annual HbA1c**
- **An annual fasting Lipid Profile**
- **An annual professional eye exam**

A summary of the results of the study will be provided once PHS has received the final report from AHCCCS. Please continue to order these studies for optimal quality of care delivery.

The above indicators are minimum standards only; the optimal standards are detailed in the PHS "Clinical Practice Guideline for the Diagnosis and Management of Diabetes" which incorporates the American Diabetes Association 2007 "Standards of Medical Care in Diabetes". This guideline may be found on our website at [www.phs.pima.gov](http://www.phs.pima.gov) under Provider Assistance.



## ADVANCE DIRECTIVES

PHS continues to promote the need for our members to have Advance Directives. Members need to learn as much as they can about their medical condition including their current treatment plan and what they may face if their condition worsens. They should be discussing their choices with their loved ones **and** their physician so when the time comes they can work together to accomplish the member's health care goals. Here are some practical tips that can increase the number of your patients who have Advance Directives:

- First and foremost: **lead by example**. Execute your own advance directives so you will be in the best position to assist your patients.
- Have **resources** on hand such as copies of the instructions and forms so when the topic comes up the patient can get a copy and get started.
- Prepare a short **list of websites and local resources**, i.e., Pima Council on Aging, all hospice programs are more than willing to answer questions and refer people to other resources and best practices, many health institutions hold classes on advance directive planning, a number of legal organizations have educational materials, etc.
- **Prompt patients** when updating addresses and insurance information to tell you if they have an advanced directive, or any updates to their advanced directive on file.
- Have a **section in the patient medical record labeled Advanced Directives** so the copy is easy to access and review.
- **Encourage** your patients to bring their power of attorney for health care to their appointment so that you can meet and become familiar with their situation and relationship.
- **Be prepared** to address the issues of artificial nutrition, hydration, ventilation, brain function, and if appropriate, the signs and symptoms of the normal process of dying.

In addition, PHS recently became aware of a program known as **Five Wishes** that was created by the non-profit agency, Aging with Dignity, a leading advocate for the needs of elders and those who care for them. **Five Wishes** is the first living will that talks about a person's personal, emotional and spiritual needs, as well as their medical wishes and was written with the help of The American Bar Association's Commission on Law and Aging and the nation's leading experts in end-of-life care. **Five Wishes** is available in 22 different languages and is already being used in the Tucson community. For further information regarding **Five Wishes**, please contact Aging with Dignity at 1-888-5-WISHES (1-888-594-7437) or visit their website at [www.agingwithdignity.org](http://www.agingwithdignity.org).



## ASTHMA MANAGEMENT

As a reminder, AHCCCS is requiring that PHS continue to gather data regarding the **percentage of Acute Care members with asthma who receive long-acting preventive medications** (inhaled corticosteroids, long-acting beta-agonists, leukotriene modifiers). As a part of this Performance Measure, AHCCCS is tracking the **percentage of members with asthma who utilize emergency department services for their asthma or are hospitalized** and will look to see if the percentage of members utilizing acute-care services for asthma decreases as the percentage receiving preventive medications increases. Please educate your members about the importance of compliance with their medication regime and individualized treatment plan.



## RECORD REQUIREMENTS AND REVIEWS

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 PHS practitioners are responsible for complying with these standards for record maintenance. As a part of the re-credentialing process, PHS conducts these record reviews for Adult, Pediatric, Dental, & High Volume Specialists, including Behavioral Health providers. Record reviews will be conducted on other practitioners as indicated. A copy of the Medical Records Standard and Procedure is available by contacting (520) 243-8255.

**Please be aware that the following change/revisions have been made:**

### ➤ ADULT RECORD REVIEW

#### • **Indicator #34: ADVANCED/HEALTH CARE DIRECTIVES ADDRESSED/COPY AVAILABLE IF EXECUTED (AGE 18+):**

- 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.

#### • **Indicator #62: COMMUNICATION/COLLABORATION BETWEEN PCP/SPECIALIST, INCLUDING BEHAVIORAL HEALTH**

- 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.

### ➤ PEDIATRIC RECORD REVIEW

#### • **Indicator #53: COMMUNICATION/COLLABORATION BETWEEN PCP/SPECIALIST, INCLUDING BEHAVIORAL HEALTH**

- 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.

#### • **Indicator #60: ADVANCED/HEALTH CARE DIRECTIVES ADDRESSED/COPY AVAILABLE IF EXECUTED (AGE 18+)**

- 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.



## RECORD REQUIREMENTS AND REVIEWS (Continued)

### ➤ SPECIALIST RECORD REVIEW

- **Indicator 34: ADVANCED/HEALTH CARE DIRECTIVES ADDRESSED/COPY AVAILABLE IF EXECUTED (AGE 18+):**
  - 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.
- **Indicator #53: COMMUNICATION/COLLABORATION BETWEEN PCP/SPECIALIST, INCLUDING BEHAVIORAL HEALTH PROVIDERS**
  - Definition of Indicator: There is evidence of collaboration between PCPs and specialists. Documentation may be found in the *Correspondence* or *Progress Notes* sections within the medical record and is evident, if applicable.



## UPDATED PEER REVIEW PROCESS AT PHS

PHS has updated its Peer Review Process to include Systems Peer Review. What does that mean for **you**? It means that there is now not only a peer review process for practitioners but also a peer review process for providers/systems (i.e., nursing facilities). Two (2) Executive Sessions, one for Practitioner Peer Review and one for System Peer Review have been formed to review cases where there is evidence of a serious quality deficiency(ies) in the care or service provided, or the omission of care or service by a participating/contracted or non-participating/non-contracted health care professional or provider. Please be assured that all information used in the peer review process is kept confidential and is not discussed outside of the peer review process. For further information please contact your Provider Services Representative



## BEHAVIORAL HEALTH TOOL KITS FROM AHCCCS

Health Plans and Providers now have several tool kits available to assist Primary Care Providers in caring for patients with behavioral health needs. These kits include screening tools and decision trees (also referred to as algorithms) to assist PCPs in deciding when to treat and when to refer to a behavioral health provider. Most psychotropic medications are now included in the PHS formulary with fewer prior authorization requirements. Contact the PHS Behavioral Health Coordinator at 546.4471 for a free copy of these tool kits or check out the PHS website to download copies as needed.

[Adult ADHD Management Toolkit](#)

[Adult Depression Management Toolkit](#)

[Childhood and Adolescent ADHD Management Toolkit](#)

[Childhood and Adolescent Anxiety Management Toolkit](#)

[Childhood and Adolescent Depression Management Toolkit](#)

[Postnatal Depression Management Toolkit](#)

## CULTURAL CORNER

### *Relocation of Refugees and Immigrants to the U.S.*



Many immigrants and refugees have come to the United States for many reasons: better economic opportunities, education, safety from violent torn countries, persecution, terror, and possible torture or imprisonment. They may be depressed from the feelings of despair, isolation, and loss of family left behind. Many are disappointed that they face new obstacles in the U.S; different from the perceptions of the new life they envisioned.

#### **Stages of Adjustment**

- ◆ Euphoria
- ◆ Negativity
- ◆ Gradual Adjustment
- ◆ Biculturalism

The time in each phase will vary per individual and some will remain in the negativity or adjustment phase for years, and others may never adjust. Children and others that adjust quickly move into the Biculturalism stage which may cause intergenerational cultural conflict and stress.

### **Claims Dispute Document Requirements**

Generally there are three categories of claims disputes. 1) Claim window (or resubmission window) exceeded, 2) not paid as expected, or 3) authorization does not match. To submit a successful claim dispute different documents are required for each one. Every dispute requires a written statement detailing which claim is in dispute, the reason for the dispute, and the expected outcome. A copy of the disputed claim with the original claim number on the claim form and a dated copy of the remit are also required. If PHS is the secondary payer, then a copy of the primary explanation of benefits is also required. Please do not send complete medical records unless asked. Only the following documents listed are required.

A claim dispute concerning claim window exceeded should include any account notes showing a claim was mailed to PHS, the status of the claim was checked within the timely filing period, and any information from PHS Claims Customer Service.

Reimbursement disputes should explain exactly why you disagree with your payment. If you feel we did not pay per your contract, include a copy of the reimbursement section of your contract. If codes are bundled, include a copy of the NCCI chart showing the codes can be unbundled and documentation to support the NCCI allowed modifier. Remember not only are procedure codes bundled, but revenue codes can also bundle.

Disputes surrounding authorization issues require a copy of the authorization. If the days or procedure is different from the authorization, the reasons for the change must be supported by documentation. Authorization information must match exactly. For example, if the authorization number is 12345, then only enter 12345 not 12345OP or 12345INPT. Do not enter NAR or No Auth Req'd. on a claim form. Our system reads this as an authorization number and will deny the claim. If no authorization is required, our system expects this field to be blank. If you are requesting a change in tier levels then only the following is needed: face sheet, history and physical, progress notes, physician notes, discharge summary, and operative notes if applicable.

Many times providers say, "You already have that information." Please remember, per AHCCCS regulations, the Grievance and Appeals department does not see any information before it is submitted to us. We are not allowed to have any knowledge of a denial before it happens. This insures a completely impartial review of all facts surrounding the dispute or appeal. Any questions regarding Claim Disputes, Appeals or Grievances can be directed to 520-243-8006.

#### FRAUD AND ABUSE CONCERNS UPDATE

Effective Monday, December 15, the roll of Compliance Officer for PHS has been transitioned back to Virginia Rountree R.N., Deputy Director

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

### 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)

## Message from the Claims Department

Just a reminder that resubmission / corrected claims must be submitted in the same format as the original 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 claims to PHS for processing within the 60 day resubmission window.
- ❖ When resubmitting a denied claim, the provider must submit a new claim containing all previously submitted lines.
- ❖ The original PHS Claim Number must be included on the claim to enable us to identify the claim being resubmitted. Otherwise, the claim will be entered as a new claim and may be denied for being received beyond the initial submission time frame, or as a duplicate submission.

## Message from the Claims Department

(Continued)

- ❖ Claims that were originally submitted via EDI should be resubmitted via paper to prevent the automated system from recognizing it as a duplicate submission.

### To resubmit a denied CMS 1500 claim:

- ❖ Enter "A" in Field 22 (Medicaid Resubmission Code) and the Claim number of the denied 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 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.

### To resubmit a denied UB claim:

- ❖ Write the word "Resubmission" and the CRN of the denied claim in the "Remarks" field (Field 84).
- ❖ If Field 84 is used for other purposes, write the word "Resubmission" and the CRN at the top of the claim form.

### To resubmit a denied ADA 2002 claim:

- ❖ Enter the CRN of the denied claim in Field 2 (Predetermination/Preauthorization Number).
- ❖ Failure to include all lines of a multiple-line claim will result in recoupment of any paid lines that are not accounted for on the resubmitted claim.

Claims Provider Customer Service Representatives can be reached at (520) 243-8063, please feel free to give us a call if you have a claims related question and we will do our best to resolve your concerns.

The Claims Department has been working closely with the IT Department to ensure that the system is configured correctly for the Fee Schedule changes made by AHCCCS that were effective 10/01/2009; this was completed in the first week of October.

You can view the new rates at [Search AHCCCS Physician Fee Schedule Effective October 1, 2009](#).

Don't forget, you can also view Service Limits by Procedure Code or Provider Type on the PHS website at [PHS Service Limits](#).

You may be aware that the AHCCCS Health Insurance for Parents program ended **October 1, 2009**. This will impact enrolled parents of KidsCare children whose income is between 100% and 200% of the Federal Poverty Level. Approximately 854 American Indians were enrolled in this category as of August 1, 2009, which is about 10% of the member population in this category.

The following link provides more information regarding this change:

[http://www.azahcccs.gov/shared/news.aspx#Elimination\\_of\\_AHCCCSHealth\\_Insurance\\_for\\_Parents](http://www.azahcccs.gov/shared/news.aspx#Elimination_of_AHCCCSHealth_Insurance_for_Parents)

# Press Information

September 11, 2009

## LIFELINE ISSUES SAFETY NOTICE TO SUBSCRIBERS

**FRAMINGHAM, Mass.** – Philips Lifeline is issuing an important safety notice to its more than 750,000 subscribers of its personal emergency response service to alert users of potential risks with wearing a "pendant" style help button. The service is used primarily by seniors living independently in their homes who feel they are at risk of falls. By pressing a "help button" worn on the body, users connect to a remote monitoring center, staffed 24 hours a day that can send emergency assistance to the user's home.

This notice directs users to consult with their caregivers or service provider to help determine which style of help button is most appropriate for them.

For users of any medical alert service, the two most prevalent methods for wearing a help button are around the neck ("pendant" style) and around the wrist ("bracelet" style). Lifeline has received several reports of incidents where a user's pendant style neck cord became accidentally entangled, causing either injury or death. The pendant style button is a popular choice and is common throughout the industry, because when worn around the neck, the button is accessible to either hand, unlike the wrist worn version.

Many service providers, including Lifeline, offer pendants whose neck cord is not designed to break away, which can avoid having the help buttons accidentally fall off. If the pendant's cord becomes entangled on another object while worn by the user, it can pose a risk of choking. As these medical alert services are used primarily by elderly subscribers, many with mobility limitations, this risk mainly applies to wearers of the pendant who use wheelchairs, walkers, beds with guard rails, or similar objects with protruding parts upon which the cord can become tangled.

Lifeline urges users of its medical alert services to consult with their caregivers or service provider to determine which style of help button is most appropriate for them. It is important that users make an informed choice to find the most suitable method for wearing their help button so that it is available at all times to summon for emergency help, if necessary.

Any adverse reactions experienced with the use of medical alert services should be reported to the FDA's MedWatch Program by phone at 1-800-FDA-1088, by fax at 1-800-FDA-0178, by mail at MedWatch, HF-2, FDA, 5600 Fishers Lane, Rockville, MD 20852-9787, or on the MedWatch website at [www.fda.gov/medwatch](http://www.fda.gov/medwatch).

### Communication to New Clients

#### CAUTION

Important Safety Information Regarding the Wearing Method of Your Lifeline Personal Help Button.

It is important that you and/or your caregiver consider the following information related to your Personal Help Button wearing method to determine which wearing method is most appropriate for you. These wearing methods are common throughout the medical alert service industry.

#### Pendant Styles

The Classic and Slimline Pendants are worn around the neck; this helps make the button accessible by either of your hands. **Caution:** *The Pendant's neck cord is not designed to break away. Therefore, it can pose a choking risk, including the possibility of death and serious injuries. This may apply to wearers in wheelchairs, using walkers, using beds with guard rails, or who might encounter other protruding objects upon which the cord can become tangled. Wearers for whom this is a concern may wish to consider the Wrist style button.*

#### Wrist Styles

The Slimline Wristband and Tempo Watch are worn around your wrist. **Caution:** *In circumstances where the user's arm that is not wearing the Wristband or Tempo Watch becomes immobilized (examples: due to stroke or arm being trapped under a heavy object), this can present a risk that the user will be unable to press the button.*

Please consult your caregiver or Lifeline Program on which Help Button style is most appropriate for you.

PN 0930379. Rev.01

## Wearing Method Considerations Questions and Answers

### 1. Why did Philips Lifeline issue a press release on this issue?

We are planning on communicating with all subscribers about the considerations of the various Personal Help Button wearing methods which are common in the medical alert industry, so we felt it was appropriate to issue a press release.

### 2. Who did the press release you sent out go to?

The press release went out over the PR newswire on September 11, 2009. This includes the Associated Press and includes anyone who has registered themselves as a healthcare reporter for health, general business magazines, and newspapers. This could include general business magazines and newspapers. We were asked by the FDA to get a press release out late on Friday which is why we communicated to you simultaneously to the release going out.

### 3. Why is the FDA involved?

When we made the decision to communicate these safety considerations to customers we initiated a meeting with the FDA to inform them of our plan. They provided input to the messaging and encouraged us to issue a press release and communicate with existing subscribers as quickly as possible. The FDA is aware these wearing methods are common in the industry. They are also aware that not all of the competitors in the PERS industry are properly registered. Our goal is to ensure that the industry abides by the same standards and quality processes that we are adhering to.

### 4. When will you communicate with my patients?

We plan on starting the mailing to your patients over the next few weeks.

### 5. Can I just tell my patients to put their neck cord under their shirt or to adjust it so it sits higher up on their neck?

You should advise only on the various pros and cons of different wearing styles (e.g., necklace vs. bracelet) and wearing methods for each style (e.g., picking which wrist for a bracelet) you should not make recommendations unless you are comfortable bearing some responsibility for the adequacy of that recommendation.

### 6. What if a one of my patients wants to change their wearing method?

We will provide a wrist strap or neck cord free of charge. They should call us at 1-877-221- 8756.

## Communication to Existing Clients

PHILIPS

Lifeline

114 Laurence St., Anytown, MA 01702

ID# 123456

Mary Jones

123 Any Street. Apt 12

Mayville, USA, 12345

Date

Dear Mrs. Jones:

We are writing to Inform you about important safety information regarding the wearing method of your Lifeline Personal Help Burton. It is Important that you and/or your caregiver consider the following information related to your Personal Help Button wearing method to determine which wearing method is most appropriate for you. These wearing methods are common throughout the medical alert service industry.

### Pendant Style

The Classic and Slimline Pendants are worn around the neck; this helps make the button easily accessible with either of your hands.

**Caution:** *The Pendants neck cord is not designed to break away. Therefore, it can pose a choking risk, including the possibility of death and serious injuries. This may apply to wearers in wheelchairs, using walkers, using beds with guard rails, or who might encounter other protruding objects upon which the cord can become tangled. Wearers for whom this is a concern may wish to consider the Wrist Style method.*

# LIFELINE ISSUES SAFETY NOTICE TO SUBSCRIBERS

(Continued)

## Wrist Style

The Slimline Wristband and Tempo Watch are worn around the wrist.

**Caution:** *In circumstances where the user's arm that is not wearing the Wristband or Tempo Watch becomes immobilized (examples: due to stroke or arm being trapped under a heavy object), this can present a risk that the user will be unable to press the button.*

We would appreciate it if you could please detach and return the form below to acknowledge receipt of this Safety Alert. A postage-paid reply envelope has been provided. Should you have any questions about the above information, or would like to change your Help Button wearing method, please call toll free 1-877-221-8756 (Monday - Friday, 8 am - 8 p.m. EST). Thank you, and we look forward to continuing to serve you.

Sincerely,  
Philips Lifeline Customer Service

*Detach and return reply card.*



I have received and read the Safety Alert Information from Philips Lifeline

← *Detach and return* reply card



## ***PRIOR AUTHORIZATION PROCESS—TIPS FOR A SPEEDIER RESPONSE***

The most common reasons for delays in prior authorization requests are incomplete PA forms, failure to send documentation supporting medical necessity of the request or insufficient explanation why the patient needs or wants a specific service, supply, provider or piece of equipment. Often the forms lack the necessary diagnostic, procedure or HCPCS codes necessary for accurate and timely claims payment.

Top Ten Tips:

1. Make sure the demographic information is complete.
2. The requesting provider or doctor's name must be legible.
3. List the provider you are referring the patient to.
4. Be specific about what you are asking for.
5. Support the reason for your request with relevant medical records. If you send clinical notes, the most recent pertinent records will expedite matters considerably. For example, if you are asking for supplies for a condition that changes weekly, notes older than 2 months will not be helpful.
6. Therapies or skilled services must specify the frequency of visits and the duration of treatment. Please state the goals that the patient is expected to achieve during that time.
7. Give details of unusual or mitigating circumstances that may exist.
8. Please do not state or imply that the service or equipment will be approved. Patients need to be informed that PHS has two weeks to complete an authorization. We have federal, state, and internal rules and guidelines that must be followed. Please refer to the Online Provider Manual if you have questions.
9. Please include a valid contact number in case we need to call for clarification or more information. Do not leave the number to a message phone as this will only delay the process.
10. Don't hesitate to pick up the phone and call us at 243-8062. We will assist you in any way we can to provide a prompt reply to your request.



## Stress Management: How Do You React During Stressful Situations?

Evaluating how you deal with stress is the first step in effective stress management. Look for these behavior patterns.

No wonder you're stressed. You're doing more with fewer resources every day at work, and deadlines lurk around every corner. Then when you get home, you take out your frustrations on your family. Weekends are booked solid with household chores and errands. It's been months since you spent an evening alone with your partner.

So how do you handle it? Understanding how you currently respond to stress—for better or worse - is the foundation for successful future stress management.

### **Reactions to stress vary.**

Some people seem to take everything in stride. Their naturally laid-back attitudes shine through in every situation. Another deadline? Bring it on. You needed to be there 10 minutes ago? Ok, let's go. The dishwasher is leaking? No problem, it'll be a simple repair.

Others get anxious at the first sign of trouble. They pace the floor or have difficulty concentrating on the task at hand. An interruption or change in plans may cause a stir.

### **Look for patterns in your coping strategies.**

To better understand your reaction to life's stressors, consider your current coping behaviors.

- ◆ **Do you tense up?**  
Neck and shoulder muscle tension or clenched jaws or fists are often early warning signs of stress. Stress may cause an upset stomach, shortness of breath, back pain, headaches and other physical symptoms as well.
- ◆ **Do you reach for something to eat?**  
Stress and overeating are often closely related. Stress may trigger you to eat even when you're not hungry or to lose track of your meal and exercise plans.
- ◆ **Do you get impatient?**  
Perhaps you find yourself pacing the floor or twitching nervously. You might have trouble concentrating or falling asleep at night. All of these are signs of stress.
- ◆ **Do you get angry?**  
Stress leaves many people with a short fuse. When you're under pressure, you may find yourself arguing with co-workers, friends or loved ones—sometimes with little provocation, or about things that have nothing to do with what's actually triggering your stress.
- ◆ **Are you reduced to tears?**  
Stress may trigger crying spells or other emotional releases.
- ◆ **Do you rely on a single coping technique?**  
Sometimes crying, expressing your anger or isolating yourself from a problem that you can't possibly fix can serve as an effective stress management technique. The same goes for exercising, confiding in friends or other healthy coping techniques. But in the long run, you may need new ways to handle stress, too. If you find yourself using one technique all the time — or you see yourself engaging in unhealthy behaviors — it's time to open yourself up to other stress-reduction strategies.

Take the next step.

If you find yourself using one technique all the time—or you see yourself engaging in unhealthy behaviors—it's time to open yourself up to other stress-reduction strategies. Try tracking your reactions to stress over the next week. Once you identify how you cope with stressful situations, you can begin to think about alternative strategies. Consider it the first step on the path to positive stress management. The changes won't happen overnight, but new tools to cope with stress are within your reach.

# PIMA HEALTH SYSTEM

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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).*