

# PIMA HEALTH SYSTEM PROVIDER NEWSLETTER

Fall 2009

Quarterly Provider Newsletter Distributed by Pima Health System

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**ATTENTION! ATTENTION!**  
**ALL OB PROVIDERS**  
**WE NEED YOUR HELP**



Pima Health System offers a variety of classes to our members. Topics include: **prenatal/childbirth** classes, **parenting** classes, and **nutrition** classes. Please encourage our members to attend. We'll even **provide transportation** to the classes!!!

Please remember to **notify us** if one of your PHS patients is **not compliant with perinatal visits**. We'll help to get them in. It's one of the things we do best!!! To notify us, call 243-8224.

For all members who **lose eligibility for the Family Planning Extension Program**, we have a list of **low/no cost family planning service** sites. Help us meet the AHCCCS requirement and make sure all members who lose PHS eligibility receive a copy of available sources for family planning services.

Pima Health System considers universal **HIV counseling and testing** to be a **routine component** of prenatal care. Remember, early diagnosis is vital to the successful treatment of HIV+ moms and their unborn child.

All OB providers of members **less than 21 years of age**, please remember to complete the age related **EPSDT Tracking Form** during OB visits. AHCCCS requires that copies of these completed forms be forwarded to PHS. Please help.....AHCCCS really holds our "feet to the fire" on this mandate.

Questions? Call the Maternal and Child Health Office at 520-243-8224 or visit the PHS website at [www.pimahealthsystem.org](http://www.pimahealthsystem.org).

*Working Together We All Make  
 A Difference*

3950 S. Country Club Rd., Suite 400  
 Tucson, AZ 85714  
[www.pimahealthsystem.org](http://www.pimahealthsystem.org)



## *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.

## **Important H1N1 Flu Vaccine Update from the Arizona Department of Health Services**

“Dear Health Care Provider:



Vaccine for novel H1N1 influenza may be available as early as the end of September through the Immunization Program Office of the Arizona Department of Health Services (ADHS). In preparation, ADHS is pre-registering providers who may want to order and administer this vaccine. Instructions for pre-registration, a pre-registration form, and a document explaining the current status of the federal and state program for ordering and distributing novel H1N1 influenza vaccine can be found at

<http://www.azdhs.gov/flu/h1n1/index.htm>.

You may preregister electronically at <http://www.azdhs.gov/flu/h1n1/index.htm> or by downloading the pre-registration form and faxing it to our office at (602) 364-3232. For additional information, please call the Arizona Immunization Program Office at (602) 364-3895.”

Another valuable resource is the Pima County Health Department website at [www.pimahealth.org](http://www.pimahealth.org) There you can find links to the Center for Disease Control, other regional health departments and other local resources.

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



## 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., 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).

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## DIABETIC PERFORMANCE MEASURE

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.pimahealthsystem.org](http://www.pimahealthsystem.org) under Provider Assistance.



## 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.



## NEW PHS CREDENTIALING APPLICATIONS – AVAILABLE ON GACCP WEBSITE

In collaboration with GACCP, PHS has four (4) new credentialing applications available for your use. These include applications for:

- Physician Initial Credentialing
- Allied Initial Credentialing
- Physician Recredentialing
- Allied Recredentialing

The good news is that these applications are **shorter** and only include information required by PHS. These applications are available on the GACCP website at [www.azcvo.com](http://www.azcvo.com) and **should be used as of this notice**. Any questions can be addressed to Sandy Collins at (520) 243-8251 or via email at [sandy.collins@pima.gov](mailto:sandy.collins@pima.gov).



## BEHAVIORAL HEALTH REFERRALS

Are you uncertain about how to obtain behavioral health services for the members you serve? If so, we can help. While PCP's often treat their patient's minor or stable behavioral health conditions, when symptoms are acute or persistent a referral for psychiatric care and/or counseling may be indicated. PHS members are either enrolled in the AHCCCS Acute Plan or the ALTCS (Long Term Care) Plan. The referral process for behavioral health services differs depending on which of these two plans the member is enrolled in.

Behavioral Health Services for members in the **Acute Plan** are provided through the Community Partnership of Southern Arizona (CPSA). There is a specific referral form that must be completed and faxed to CPSA at 520-326-0931 or 1-800-443-0365 to initiate services. Referrals to CPSA can be made for ongoing care or for a one-time consultation only. Using the referral form, under "Type of Service Requested" just check the box for "One Time Consultation". If you need copies of this form or have any questions about referring Acute Plan members to CPSA, please contact the PHS Behavioral Health Coordinator at (520) 546-4471.

Behavioral Health Services for **ALTCS** members are provided by PHS' Behavioral Department consisting of a Behavioral Health Medical Director, psychiatrist, licensed therapists, behavioral health technicians, and a number of sub-contracted providers. To initiate a referral, please contact the member's PHS case manager at (520) 243-8122 (Tucson office) or (520) 243-8445 (Nogales office).

If you have any questions about Behavioral Health Services or if you would like us to provide an individual training for your staff on behavioral health referrals, please contact PHS Provider Services at (520)-243-8500.



## Documentation Requirements for Claims Disputes

When submitting a claim dispute, please consider the issue at hand before printing and submitting a member's entire record. All claim disputes require a copy of the claim with the original claim number entered in the proper field, a copy of the PHS remit and a letter stating the reason for the dispute, facts of the dispute and the action you wish PHS to take. Also include a contact person, phone number and return address. Unless used to support the claim dispute, do not send progress notes, medication administration record, pathology and/or radiology reports. Specific documentation guidelines for the most common dispute issues are as follows:

- Claim Window Exceeded In general, providers contracted with PHS must submit initial claims within 90 days of date of service (90 days of date on EOB for secondary claims). Initial claims received beyond the claim submission window will deny for Claim Window Exceeded. When filing a dispute for this reason, send any documentation showing when the claim was initially submitted and all follow up for the account. In a recent State Fair Hearing decision AHCCCS stated "ARS §36-2904(G)(3) defines "submitted" as the date the claim is received by the plan". The decision further states "This statutory provision clearly placed the burden on a provider to follow up with the prepaid capitated provider to verify that a claim has been received." Claims may also deny for Claim Resubmission Window Exceeded. Any corrected or additional information must be received within 60 days from the date of remit. The same documentation is required.
- Invalid or Missing Authorization. Authorizations should be entered on claim form exactly as given. For example if authorization 012345 is issued, enter 012345 not 12345, 012345/op, 012345/inpt or faxed. If the correct authorization number was entered but the claim denied, submit a copy of the authorization received from PHS. If no authorization is required, do not enter 'NAR' or "No Auth Req" as our system reads these entries as authorization numbers and will deny the claim. If your claim is denied for invalid entries, simply resubmit a corrected claim within 60 days from date of remit.
- Auth Date Span Does Not Match, Services Do Not Match Auth, or Paid at Incorrect Tier. Only the following documents are required, Face Sheet, History and Physical, Physicians Notes, Discharge Summary, and if applicable, Emergency Room, Labor and Delivery, and Operating Room Reports.
- Modifier 59 Codes billed with modifier 59 must be submitted with supporting documentation. In a recent State Fair Hearing decision AHCCCS stated modifier 59 is only appropriate in limited circumstances when there are two different patient encounters, or the services are performed at different sites.

Please remember per A.A.C. R9-34-404, claims disputes must state the factual and legal basis of the grievance and the relief requested, and claims lacking specificity may be denied. If you have any questions regarding the claim dispute process, call the Grievance and Appeals department at 243-8006 or 243-8103.

## ***CULTURAL CORNER***

### ***Organizations***



Organizations have the responsibility to comply with Federal, State, and Local regulations regarding cultural diversity of communities and client's served. They should develop systems that ensure delivery of culturally competent health services to diverse cultures in their community, including participation of Limited English speaking ability. Organizations must meet the needs of the patients they serve.

Being aware of cultural differences and improving communication reduces risk for Health Care Providers for liability and malpractice claims due to negligence, absence of informed consent, and failure to understand their patients health care beliefs & practices.



### **Guidelines for Providing Culturally Competent Care**

- Be aware of our own personal biases, attitudes, prejudices, behaviors and beliefs that influence us conscientiously or unconscientiously.
- Be aware of providers and the health care systems barriers to care.
- Become familiar with the cultural groups that you see in your practice.
- Develop basic understanding that will build trust and credibility with the patient.
- Learn from observation of your patients, i.e., languages they speak, family interactions, behaviors, if greeting is formal or not formal, eye contact, body language, etc.
- Avoid stereotyping. Information about cultural groups is to help better understand the patients we serve, but it is important to individualize the medical interventions to the patient and family.
- Welcome use of traditional beliefs and health practices in treatment plan.
- Find out the patients own traditional health beliefs and practices.
- Hire diverse staff that can communicate with patients effectively.
- Have interpreter services in place and available as needed.
- Have health care information available in different languages to meet the need of the cultural groups served.
- Keep a current list of community services available to give to patients.
- Be aware that people from different countries or regions in a country may have different beliefs, health practices, and specific health issues.
- Limit the use of facial expressions and gestures as they may confuse the patient and be interpreted differently.
- Listen. Be understanding & non judgmental. Be patient and empathetic.
- Obtain a Cultural Assessment that will help provide information regarding the patient cultural beliefs.
- Consider the patients preference of a provider of the same gender due to cultural beliefs.

## Message from the Claims Department

There have been some recent changes in the Claims Department at PHS.

The entry to the claims department has been moved from Suite 3240 to Suite 3210; this is the door closest to the main lobby on the third floor. There is a doorbell there on the doorframe that you can use to call someone to assist you.

The phone number to reach Claims Customer Service remains the same at (520) 243-8063. The staff at that number is very knowledgeable and will be able to answer most questions that you may have.

Effective 8/10/09 all checks will be mailed to the address on record in the claims payment system. Please verify that the address on file is where you want your checks to be mailed to. Provider checks are no longer available for pick up. Please contact your Provider Services Representative with any questions or concerns you may have about this change.

### FRAUD AND ABUSE CONCERNS

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

PHS Corporate Compliance Office  
(520) 243-7834

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.pimahealthsystem.org/html/inside\\_inservice.html](http://www.pimahealthsystem.org/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: 520-243-8336

E-mail [chris.calanche@pima.gov](mailto:chris.calanche@pima.gov)

## ATTENTION: All LTAC Hospitals & Acute Care Hospitals with Rehabilitation Units

The Utilization Management division oversees the functions of Prior Authorization & Concurrent Review. In the past the guidelines and procedures did not require contracted providers to obtain authorization if a dually enrolled PHS member was admitted to a sub-acute or an acute hospital based rehabilitation unit in order to submit claims for payment for **rehabilitation services** rendered.

Going forward, all admissions to your sub-acute hospital or acute care hospital rehab unit will require notification to the PHS PA department of this occurrence regardless of the member's dual enrollment status with one or more other insurance resources. AHCCCS regulations require their Contracted Plans to, at a minimum, coordinate with facilities regarding discharge planning. PHS will review admission and continued stay requests and issue authorization for payment of rehab services only when the member's situation meets criteria for delivery of services beyond that which can be safely provided at a lower level of care, such as a skilled nursing facility.

We are committed to providing covered high quality health care services to our enrolled members. As a gatekeeper of public funds we carry a responsibility to all citizens to do so at the most cost efficient level of care possible.

For questions please contact the MM/UM department at 520-243-8062.

### SAVE THE DATE

Friday, February 12, 2010

Hilton Tucson El Conquistador  
Golf & Tennis Resort  
10000 N. Oracle Road, Tucson, AZ

Major Sponsorship and Support  
provided by  
Community Partnership of Southern Arizona  
and  
Pima Council on Aging

2010  
Behavioral Health  
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TRENDS • ISSUES • SOLUTIONS

For information, please contact  
Donna Carender at 520.750.0048  
or  
[donna.carender@bhoconference.com](mailto:donna.carender@bhoconference.com)



CPSA receives funding from the Arizona Department of Health Services (ADHS), Arizona Health Care Cost Containment System (AHCCCS), and Substance Abuse and Mental Health Services Administration (SAMHSA).  
PCOA receives funding from the Older Americans Act through the Division of Aging & Adult Services.

# 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).*