

PIMA HEALTH SYSTEM PROVIDER NEWSLETTER

Winter Edition 2009

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
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www.pimahealthsystem.org

KAREN FIELDS, PHS DIRECTOR, RETIRES

On November 21, 2008 Karen Fields retired after 29 years of service from Pima County. Karen started working with Pima County in the Community Nutrition Division of the Public Health Department. She held other positions as the Manager of the Community Service System, Deputy County Administrator over the Health Care System, and both Administrator and Director of Pima Health System.

Karen's commitment to improve health care and services for all of the community of Pima County is clear through her involvement on community boards and memberships, not limited to, Gabriel Gifford's Senior & Aging Health Advisory Council, Salud Para Todos (Health for All), Governor's Task Force for Direct Service Workers, Women in Health Care, Head Start, and United Way.

Karen will continue to work toward improved healthcare for our community. Karen plans to spend time with her family, especially her grandchildren, travel, and enjoy some leisure time for herself.

We wish her well on her retirement!



WELCOME NEW PHS DIRECTOR

Please join PHS in welcoming Patricia Alvarez Hurley to the position of Director of Pima Health System. She comes back to Pima County after one year of retirement from her position as the Assistant County Administrator for Justice and Law Enforcement Policy. Patricia brings over 28 years of federal, state and local government experience. Her years of demonstrated leadership and valuable budget management experience will be critical as we all face the economic challenges ahead. Patricia is dedicated and committed to working in partnership with our providers and to providing the highest quality of services to our members.

PIMA HEALTH SYSTEM IS ALIVE AND WELL!

As a result of October 2008 changes in AHCCCS Plans available in Pima County, some Providers have understandably been confused as to the status of Pima Health System's AHCCCS Plan.

Pima Health System (PHS) continues to operate three AHCCCS Plans as follows:

- AHCCCS Acute Plan in Pima County for dual eligible (Medicare/Medicaid) members and their AHCCCS eligible relatives who request enrollment with PHS;
- ALTCS (Long Term Care Plan) in Pima County;
- ALTCS (Long Term Care Plan) in Santa Cruz County.

As of December 2008, PHS membership includes 2,588 AHCCCS Acute Plan members in Pima County and 4,163 ALTCS members in Pima and Santa Cruz Counties. This includes approximately 400 children.

PHS maintains an extensive provider network to meet the needs of members and a host of services to assist members and providers. Here are some important phone numbers at PHS:

Member Services and Transportation:	(520) 243-8060 (800) 423-3801
LTC Case Management:	(520) 243-8122
Prior Authorizations & After Hours:	(520) 243-8062
Pharmacy and Formulary Information	(520) 243-8230
Claims Customer Services:	(520) 243-8063
Provider Services:	(520) 243-8500
PHS Main Number:	(520) 243-8000

You can also visit the PHS website at www.pimahealthsystem.org for up to date information regarding provider listings, formulary, claims, and electronic billing.

PHS continues in its commitment to high quality services for members and partnership with providers. If we can assist you, please let us know.

ADULTS AGE 75 AND OVER HAVE THE HIGHEST RATE OF HOSPITALIZATION AND DEATH RELATED TO TRAUMATIC BRAIN INJURY



Adults age 75 and over have the highest rate of hospitalization and death related to traumatic brain injury (TBI), with falls being the leading cause.

To help older adults, their caregivers, and health care providers prevent, recognize, and respond to fall-related TBI, the CDC, in collaboration with 26 organizations, has launched the "Help Seniors Live Better, Longer: Prevent Brain Injury" initiative. It includes both English and Spanish materials for older adults and their caregivers in an easy to use question and answer format. Visit <http://www.cdc.gov/braininjuryinseniors>.

QUALITY MANAGEMENT POST ITS



UPDATES and RESULTS FROM PERFORMANCE MEASURES (PMs) AND PERFORMANCE IMPROVEMENT PROJECTS (PIPs)

The following table identifies the AHCCCS Minimum Performance Standard (MPS) and Goals for each measure for CY 2008/2009:

PERFORMANCE MEASURES/STANDARDS FOR ACUTE CARE MEMBERS	AHCCCS MINIMUM PERFORMANCE STANDARD (MPS)	GOAL (HEALTHY PEOPLE GOALS)
Immunization of two-year-olds		
4:3:1:3:3:1 Series	82%	80%
4:3:1:3:3:4 Series	43%	80%
DTaP - 4 doses	85%	90%
Polio - 3 doses (*)	90%	90%
MMR -1 dose (*)	90%	90%
Hib - 3 doses (*)	86%	90%
HBV - 3 doses (*)	90%	90%
Varicella – 1 dose (*)	86%	90%
Pcv – 4 Doses (*)	47%	90%
Adolescent Immunizations (1)	TBD	90%
Children's Dental Visits 2 - 21 Years	55%	57%
Well-child Visits 15 Months	65%	90%
Well-child Visits 3-6 Years	64%	80%
Adolescent Well-care Visits	41%	50%
EPSDT Participation	68%	80%
Children's Access to PCPs 12-24 Months	93%	97%
Children's Access to PCPs 25 Months-6 Years	83%	97%
Children's Access to PCPs 7-11 Years	83%	97%
Children's Access to PCPs 12-19-Years	81%	97%
Cervical Cancer Screening	65%	90%
Breast Cancer Screening	54%	70%
Adult Preventive/Ambulatory Care 20-44 Years	78%	96%
Adult Preventive/Ambulatory Care 45-64 Years	85%	96%
Timeliness of Prenatal Care	80%	90%
Chlamydia Screening (3)	51%	62%
Appropriate Medications for Asthma	86%	93%

PERFORMANCE MEASURES/STANDARDS FOR ACUTE CARE MEMBERS	AHCCCS MINIMUM PERFORMANCE STANDARD (MPS)	GOAL (HEALTHY PEOPLE GOALS)
Diabetes Care HbA1c Testing LDL-C Screening Retinal Eye Exams	77% 81% 49%	89% 91% 68%
FOR LTC MEMBERS ONLY	MINIMUM PERFORMANCE STANDARD (MPS)	GOAL (2)
Diabetes Care (3) HbA1c Testing Lipid Profiles Biennial Retinal Exams	80% 72% 60%	89% 91% 68%
Initiation of HCB Services	92%	98%
Influenza Vaccination Nursing Facility HCBS	TBD TBD	90% 90%
Prevalence of Pressure Ulcers (4) High-Risk Residents Low-Risk Residents	TBD TBD	13% 2%
EPSDT Participation (5)	55%	80%

Summaries below include reports for a few of the PMs and PIPs.

1. Adult Immunizations Season CY 2007/2008:

Influenza Immunizations given:

- HCBS: – 1,117 or **41.4%** PHS Goal: 81%
- SNF: - 1,240 or **62%** PHS Goal: 88%

The influenza immunizations are now included in two **AHCCCS-mandated** studies:

- **PIP – Refusal of the Influenza Immunization.** PHS is just now collecting information on 360 members in an AHCCCS determined sample population. **NOTE:** AHCCCS accepts four (4) Reasons for refusal:
 - Documented severe allergic reaction to previous influenza vaccine,
 - Documented allergic reaction to egg,
 - Diagnosis of Guillian Barre’ syndrome, and/or
 - Member/patient is in hospice.
- **PM – Number of Influenza Immunizations Given.** The baseline reporting will be from this current season and reported next summer/fall.



2. Diabetic Care for CY 2006/07:

The American Diabetes Association (ADA) recommends an annual lipid profile and retinal eye exam for all diabetics. In addition, ADA recommends HbA1cs semi-annually unless the patient is non-compliant, and then they recommend it be done quarterly. PHS and AHCCCS are asking for the minimum of at least an annual HbA1c along with an annual lipid profile and eye exam.



PHS received a list of 229 members in an AHCCCS determined population. The results:

	MPS	PHS Results CY 06/07	MPS	PHS Results CY 05/06	PHS Results CY 04/05
Number of Members Reviewed	NA	229	N/A	237	231
HbA1c	79%	82.5%	75%	73.9%	70.6%
Lipid Profile	81%	66.8%	76%	80.1%	75.3%
Eye Exam	60%	50.2%	61.9%	62.4%	61.9%

PHS improved in the number of HbA1cs but fell below the AHCCCS Minimum Standard Performance (MPS) for the Lipid Profile and the Retinal Eye exam. Some of the reasons may have been related to:

- PCPs not ordering the tests or making sure the patient had the ordered tests,
- Errors in diagnosis on claims,
- Members not coming in or keeping their appointments,
- PCPs need to document when a patient is too demented to cooperate with an eye exam.

3. Use of Appropriate Medications for People with Asthma:

Based on administrative data, AHCCCS reported the PHS results of members eligible under Medicaid via age groupings and totals for the measurement period of 10/01/05 to 09/30/06:



- Age 5-9 – AHCCCS identified twenty nine (29) members and twenty nine (29) were dispensed at least one maintenance medication for 100%
- Age 10-17 – AHCCCS identified twenty eight (28) members and twenty six (26) were dispensed at least one maintenance medication for 92.9%
- Age 18-56 – AHCCCS identified forty seven (47) members and thirty five (35) were identified as having as least one maintenance medication for 74.5%.
- Total numbers reflected that out of one hundred four (104) members identified, ninety (90) or 86.5% received at least one maintenance medication. This was the 2nd highest percentage in the state and exceeded the statewide average of 81.3%.

PHS is asking the **provider’s help** to make sure that the numbers/percents continue to show improvement.

4. Osteoporosis Management In Women Who Had A Fracture:

PHS is looking at what percentage of women, in both the Acute and LTC programs, over sixty seven (67) years of age, who suffered a fracture, subsequently had either a bone mineral density (BMD) test or a prescription for a drug to treat or prevent osteoporosis in the six (6) months following the date of the fracture. Overall, the findings have shown that PCPs tend to order the BMD tests and the medications that treat or prevent osteoporosis in women who reside in the community.



Comparison Table: Second re-measurement period (04/01/06 to 03/31/07) to baseline (04/01/03 to 03/31/04):

Program	% Either				% BMD				% Rx			
	Base	2 nd Re	% change	P value	Base	2 nd Re	% change	P value	Base	2 nd Re	% change	P value
ACUTE	12.50	22.2	+78%	N/A	6.25	11.1	+78%	0.5957	6.25	11.1	+78%	0.5957
ALTCs	8.76	5.33	-39.2%	N/A	2.19	2.67	+22%	0.8268	6.57	2.67	-59%	0.2205
Totals	9.15	9.80	18%	N/A	2.61	4.90	88%	0.2489	6.54	4.90	-25%	0.5869

Some barriers that may explain the drop in treatment of women in the LTC population include:

- PCPs feel that elderly women can not sit up for the recommended time following medication administration.
- A lot of elderly women can not drink the 8 ounces of water recommended with the medication; nor take it on an empty stomach.
- Prescriptions for dually eligible members are covered by Medicare Part D and PHS may not be receiving all data regarding this population.

Remember osteoporosis is a disease that can be treated and strikes both men and women.

Treatment is more cost effective than treating the resulting fractures.

5. Advanced or Health Care Directive:

PCPs need to speak up and talk to their patients and families about the need for Advanced or Health Care Directives. But speaking is not enough, PCPs need to **follow-up**, make sure they are done, and that they **have a copy** for their records.

In January 2008, PHS received a list of 345 members from AHCCCS. For a baseline measurement it was found that only 36.8% of the sample population had a Living Will or Medical POA. PHS needs **YOU** to help improve this number. **Remember** that the **Orange Sheet** for the emergency medical system is **not** an Advanced Directive.



PHS After Hours Answering Service For After Hours Calls

Beginning October 1, 2008 Pima Health System's (PHS) business hours changed to Monday through Friday 8am to 5pm. Rincon Communications became the Answering Service for PHS. Rincon can be contacted by calling: **530-790-2121**. They provide service for PHS:

- 5pm to 8am week days
- 5pm Friday night until 8am Monday morning
- 24 hours for all holidays

Two Pima Health System staff members are on-call to assist Rincon as needed; a nurse for the Attendant Care Worker and an administrative staff member for all other PHS concerns.

Here are some examples of what this means for Providers and Members:

- **After Hours Transportation:**

1. Providers and/or eligible Members should call the appropriate type of transportation service directly.
2. The ride is provided and the transportation company should fax the information to PHS Transportation Services to be handled on the next business day.

- **Pharmacy, Prescription or Formulary Questions:**

1. United Drug provides a 24 hour service.
2. Pharmacists, physicians or other providers can call **1- 800 – 325-1810** for assistance. This number is only for practitioners and providers.
3. Remember: If the member has a Medicare Part D plan, pharmacy/prescription questions must be directed to the appropriate Part D plan.

- **Requests for Prior Authorizations:**

1. The request should be faxed to the PHS Medical Management department at **520 -745-6592**.
2. The request will be processed on the next business day.

For questions, please contact your Provider Service Representative or call the main Provider Services number at 243-8500.

“Speaking to your Patients Regarding Medication Changes”

Greetings from the Behavioral Health Department! Please join us in looking forward to a prosperous and exciting new year in behavioral health services. While reviewing the past year, and moving towards positive change for 2009, it's a natural time to see how we can improve services to our PHS- ALTCS members. As a PCP, you are directly involved in an opportunity to facilitate positive change with the prescription process.

In the past changes were made at times, unbeknownst to the member. PHS- ALTCS members who reside in skilled nursing facilities or other residential placements have not always been informed of medication changes and as a result, missed the opportunity to discuss changes with their PCP. This presented some challenges for the member and the facilities.

By speaking directly with your patients prior to any additions or changes in medication prescriptions or other services prescribed, the member becomes a better informed patient. If the member is too cognitively impaired to comprehend the changes, we encourage you to speak with the member's caregiver, guardian or family member if appropriate. The discussion should include the benefits, potential side effects, consequences of non compliance and alternative options. This process will help facilitate improved provider/patient collaboration. The patient benefits by being involved in the treatment, taking more responsibility for their medication regime and being well informed. They will certainly appreciate your time which will afford them an opportunity to share information.

PHS welcomes the opportunity to help you discuss any changes with your patients regarding their treatment. If you have any questions in regards to this process please feel free to contact Andrea Spendiarian at the PHS Behavioral Health Department at 520-546-4465.

Wishing you all a great New Year!



Reconsideration, Resubmission or Claim Dispute?



Reconsideration, Resubmission or Claim Dispute – which one should you request? Here is how to decide.

Reconsideration: Submit a request for claim reconsideration if all required information was submitted with your original timely claim and you feel PHS processed the claim incorrectly. Example: CPT codes paying at the wrong fee schedule. Reconsiderations may be requested up to 210 days from date of service.

Resubmission (corrected claim): Resubmissions are used when your claim denied for missing/incorrect information such as missing medical records, EOB, modifier 50 or 51, authorization number, or incorrect provider/member ID, tax number or NPI number. If you are a contracted provider, corrected claims must be received within 60 days from date of remit. Non-contracted providers have 180 days from date of remit. If corrected claims are received beyond these time limits, they will deny with the reason 'claim window exceeded.'

Claim dispute: A claim dispute should be filed when neither of the above apply or the claim has already been processed as a reconsideration or resubmission and you feel it still has not processed correctly. A claim dispute may be filed up to 12 months from date of service, 12 months from eligibility posting or 60 days after the denial of a timely submitted claim, whichever is later. If your claim dispute is denied, a State Fair Hearing may be requested within 30 days from date of the claim dispute denial. Claim disputes require that you submit:

- A copy of the claim
- Remittance advice,
- A statement describing the issue
- Any other supporting documentation

Please note State Fair Hearing rights are not given with either reconsideration or resubmission denials.

To submit reconsideration, resubmission or claim dispute, please write either 'reconsideration', 'resubmission' or 'claim dispute' on the top of the claim form, and enter the original claim number in either box 64 (UB 04) or box 23 (1500). If the original claim number is not entered on the form, it will be processed as an original submission and may deny for claim window exceeded.

Reconsiderations and Resubmissions should be sent to:

Pima Health System
Attention: **Claims/ Reconsideration (or Resubmission)**
3950 S. Country Club Rd. Suite #350
Tucson, Arizona 85714

Claim disputes should be sent to:

Pima Health System
Attention: **Grievance/ Appeals Department**
3950 S. Country Club Rd. Suite #400
Tucson, Arizona 85714

? Please do not mark a claim with reconsideration/ resubmission and also indicate you are requesting a claim dispute. These are three different processes.

To avoid denials here are some tips:

- ? • Requests for Outlier consideration must be submitted with '61' in box 18 (UB-04) and medical records must be submitted with the claim.
- ? • If an authorization number has been issued, enter that number in either box 63 (UB-04) or box 23 (1500). Only enter the number, no letters or symbols
- ? • Only one authorization code should be entered on a claim form. Enter only the CPT codes which match the authorization.
- ? • If no authorization is needed, leave the field blank. Do not enter NAR or PPC as our claims processing system reads this as an authorization number.
- ? • If a member's eligibility changes (i.e. PPC, other carrier, Changes from Acute to LTC) the claim must be split and the correct bill type must be entered in box 4 (UB-04).
- ? • Multiple surgeries require modifier 51. If billing with other modifiers, submit documentation to support its use.
- ? • Use of modifier 59 requires documentation to support separate and distinct procedures.
- ? • If your facility operates under several different AHCCCS ID's and tax numbers, verify the authorization number was issued to the corporate entity on the claim form. These must match exactly.

Align your printer so the information on the claim is readable.

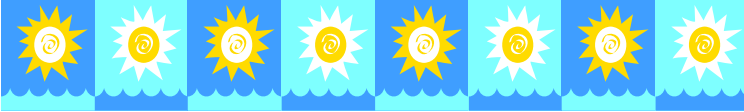
- ? PHS is here to help; if you have questions about your claims you may check their status online at <http://www.pimahealthsystem.org/>. Once at the PHS main site, choose 'Provider Assistance' and then the second option of 'On-Line Claims Inquiry.' You may also call our Claims Customer Service Department at 520-243-8063. Your Provider Service Representative is also available to resolve problems at their direct number or through Provider Services main number 520-243-8500.
- ? For questions regarding claim disputes or the State Fair Hearing process please call 520-243-8006.



Modifier 59 – Proper Use and Documentation Required

A common claim dispute issue is the proper use of modifier 59. The American Medical Association's definition of modifier 59 states 'Modifier 59 is used to identify procedures or services, other than E/M services that are not normally reported together but are appropriate under the circumstances. Documentation must support a different session, different procedure or surgery, different site or organ system, separated incision or excision, separate lesion, or separate injury not ordinarily encountered or performed on the same day by the same individual.'

This modifier is usually used to separate codes defined as 'bundled' under National Correct Coding Initiative (NCCI) edits. The NCCI edits allow modifiers to 'unbundle' specific codes. However to properly use modifier 59 or any other approved NCCI modifier, documentation must be submitted with your claim to support its use. Medicare B News states 'when another already established modifier is appropriate, it should be used first or in combination with the Modifier 59 when necessary.' Detailed information concerning NCCI edit and modifier use may be found at <http://www.cms.hhs.gov/NationalCorrectCodInitEd/>.



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 in-services are listed on the PHS Training Center website
(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 in-services.

Phone: 520-243-8369

Fax: 520-243-8064

E-mail: chris.calanche@pima.gov



Credentialing Unit.... Update

PHS Credentialing Unit needs **YOUR** assistance to make the recertification process as efficient as possible. Please remember to return your completed recertification application which you receive from GACCP to GACCP within 30 days of receipt. GACCP will send two (2) reminder letters at 30 and 60 days. However, this delay slows the process and due to NCQA/AHCCCS timeframe requirements or recertification, could jeopardize your credentialing status with PHS. Because PHS **values** the services of each of its providers, the success of the recertification process to keep your status current is of paramount importance to us. For any questions, please contact Sandy Collins at 243-8251.

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.

REPORTING FRAUD AND ABUSE !! UPDATE !!

Pima Health System has a new Compliance Officer.

Effective October 1, 2008 Elizabeth Temple M.P.A., J.D., is the Compliance Officer for PHS.

If you want to report concerns regarding fraud of the system, you may call

Office: 520-243-7834

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

PHS Compliance Hot Line: 520-349-4087

You can report in writing or anonymously to:

P.O. Box 27895

Tucson, Arizona 85726

(This address has not changed)

Other important numbers you can use to report your concerns:

Care or Abuse concerns: 520-243-8250

**PHS Member Services: 520-243-8060 or
1-800-423-3801**

PIMA HEALTH SYSTEM

Provider Services/Contracts
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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.